

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26153

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 3007 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Poplar Bluff)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <u>0123</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1136 Benton St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1136 Benton St.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELLA	b. (Middle)	c. (Last) FREEMAN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1950
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5. SEX Fem <u>3</u>	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH July 4, 1890	9. AGE (in years last birthday) 60	10. UNDER 1 YEAR Months 1	11. UNDER 1 YEAR Days 0	12. UNDER 1 YEAR Hours 0	13. UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carter County, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Alex Canton	13b. MOTHER'S MAIDEN NAME Winnie Denwoody	14. NAME OF HUSBAND OR WIFE Jas Freeman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lillie McDonald..Poplar Bluff, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Renal Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			442X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1945 to 8/4, 1950, that I last saw the deceased alive on 8/3, 1950, and that death occurred at 4P. m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson (Degree or title)	23b. ADDRESS Poplar Bluff MO	23c. DATE SIGNED 8/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/8/50	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. Aug 21-1950	REGISTRAR'S SIGNATURE Wm. H. Johnson <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL....	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

AUG 29 1950

BUTLER CO. HEALTH CENTER

FILE No. 850-352

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3567

P. O. Address Payson Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.