

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1770
Registrar's No. 20

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5894

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sycamore P. Pinecricketwp. 304</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sycamore Mo Rural - Pinecricketwp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sycamore P. Pinecricketwp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural-Sycamore Mo. Pinecricketwp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>DELLIE</u> c. (Last) <u>FREEMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 10 - 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/8/1870</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> IF UNDER 2 HRS. Hours Min.	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark County Missouri</u>	

13a. FATHER'S NAME <u>George Dunegan</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Freeman</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Liddie Freeman</u>	ADDRESS <u>Sycamore Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paraplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High blood pressure</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>334X</u>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1950, to 1-10, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M J Holman</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED <u>1-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-11-51</u>	REGISTRAR'S SIGNATURE <u>William Cogswell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Clunkingher Funeral Home</u>	ADDRESS <u>Gainesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 17 1951

Dist. File 151-146

Date Filed 1-18-51

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 Charles A. Row

Licensed Embalmer No. 3044

P. O. Address Springfield

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.