

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27737

742
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pickering - Rural</u> <u>0740</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles Northeast</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DREXEL</u>	b. (Middle) <u>CARROLL</u>	c. (Last) <u>FREEMYER, SR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 13, 1915</u>
9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own account</u>	11. BIRTHPLACE (State or foreign country) <u>Sheridan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alpha Freemyer</u>	13b. MOTHER'S MAIDEN NAME <u>Leetha Carroll</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Pennington Freemyer</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Drexel Freemyer, Pickering Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pertussis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>July 27, 1951</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fall on patch fork into rectum</u>	
DUE TO (c)		E 9021 3	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>Aug 6, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>pertussis - rupture of rectum - sigmoid colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>074</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 27 1951 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell off wagon into patch fork handle</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Aug 16</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:45P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ja Blaesner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>8-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pickering Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-25-51</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u> <u>229</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>	



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Robert L. Senter.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4782.....

P. O. Address Marquette 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.