

S. No. 300
V. 10-48

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29973

State File No.

783

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			d. STREET ADDRESS (If rural, give location) 2051 N. Grant			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) FELLOWS c. (Last) FREEMAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Retired		10b. KIND OF BUSINESS, OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Noank Conn. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nat Freeman		13b. MOTHER'S MAIDEN NAME Mary Abbie		14. NAME OF HUSBAND OR WIFE Harriet Freeman		
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harriet Freeman Spfld. Mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 157x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 8-15-51		19b. MAJOR FINDINGS OF OPERATION Ca pancreas with block of common bile duct			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>July 16, 1951</u> , to <u>Sept 10, 1951</u> , that I last saw the deceased alive on <u>Sept 10, 1951</u> , and that death occurred at <u>6:10pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>D.M. Klinner M.D.</i>			23b. ADDRESS <i>M.D. Springfield, Mo.</i>		23c. DATE SIGNED <i>9-12-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/12/51	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Noank Conn.	
DATE REC'D BY LOCAL REG. 9-12-51		REGISTRAR'S SIGNATURE <i>H.E. Handley MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J.W. Klingman Co Spfld Mo</i>		

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

NOV 26 1957

MAR 26 1958

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 William B. Cantel

Licensed Embalmer No. 4820

P. O. Address Springfield, 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.