

STANDARD CERTIFICATE OF DEATH

State File No. **3883**FILED FEB 19 1952
BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4016** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION **			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) RILEY c. (Last) FREEMAN			4. DATE OF DEATH (Month) (Day) (Year) Feb 8, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 13, 1877	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Buchanan Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William R. Freeman		13b. MOTHER'S MAIDEN NAME Angeline Reynolds		14. NAME OF HUSBAND OR WIFE Mollie B. Freeman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **		16. SOCIAL SECURITY NO. **		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. Z. Freeman Tarkio, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General arteriosclerosis			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) m.		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 **April 19, 51**, to **2/8/52**, that I last saw the deceased alive on **2/4/52, 19**, and that death occurred at **4:35 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Z. Freeman (Degree or title) M.D.		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 2/8/52
---	--	---------------------------------	--	--------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 2/10/52	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.
--	--	--------------------------	---	--

DATE REC'D BY LOCAL REG. Feb 13, 1952	REGISTRAR'S SIGNATURE Marvin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.