

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7220

FILED MAR 25 1952

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 17

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|---|--|---|--|---|--|
| 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. LENGTH OF STAY (in this place) 6 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | | | |

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|--|------------------------------|-----------------------------|-------------------------|-------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Mollie | b. (Middle) Beldon | c. (Last) Freeman | (Month) March | (Day) 9 | (Year) 1952 |

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|-------------------------|----------------------------------|--|---|--|---------------------------------------|---------------------------------------|------------------|-----------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Oct 11, 1877 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 4 | IF UNDER 24 HRS. Days 28 | Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Benoni Cox | 13b. MOTHER'S MAIDEN NAME Keturah Wright | 14. NAME OF HUSBAND OR WIFE J. R. 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. none | 17. INFORMANT'S SIGNATURE OR NAME C. Z. Freeman | ADDRESS Tarkio, Missouri. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary vascular disease DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 443X | 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) (Min.) | 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 1/9/50, 19 , to 3/8/52, 19 , that I last saw the deceased alive on 3/8/52, 19 , and that death occurred at 8:25A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Edw. Meyer, M.D. | 23b. ADDRESS Tarkio, Missouri. | 23c. DATE SIGNED 3/10/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 3/12/52 | 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery | 24d. LOCATION (City, town, or county) (State) Tarkio, Missouri. |
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| DATE REC'D BY LOCAL REG. Mar 11, 1952 | REGISTRAR'S SIGNATURE Theroin N. Schaefer | 25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home | ADDRESS Tarkio, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 19 1952

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.