.S. No. 300
ev. 10-48

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

FILED SEP 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32267

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~NEW LONDON~~ - HANNIBAL
c. LENGTH OF STAY (In this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SPENCER TOWNSHIP
d. STREET ADDRESS (If rural, give location): 0870

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): LENA
c. (Last): Freel

4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 17 - 1875
9. AGE (In years last birthday): 77
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): EOLIA (RURAL) MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JAMES HUNTER ~~CLAUDE FREELS~~
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: CLAUDE FREELS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Guy Freels
ADDRESS: Elsberry, Missouri

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) Cerebral Hemorrhage — 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) Pneumonia
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: 493 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 8, 19 52, *to* Sept. 10, 19 52, *that I last saw the deceased alive on* Sept. 10, 19 52, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. P. Hansen, D.O. (Degree or title)
23b. ADDRESS: Frankford Mo
23c. DATE SIGNED: Sept 11 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 12-52
24c. NAME OF CEMETERY OR CREMATORY: BARKLEY CEM.
24d. LOCATION (City, town, or county) (State): NEW LONDON, MO.

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucas By W. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Fields & Son
ADDRESS: Frankford, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 22 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 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 Joe Fields Megown

Licensed Embalmer No. 4093

P. O. Address Frankfort, 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.