

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10737**
Registrar's No. **2**

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. **246** PRIMARY REG. DIST. NO. **2081**

0735
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) 3237 OAK RIDGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3237 OAK RIDGE			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) WELKER c. (Last) FREEMAN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1953		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED REAL ESTATE		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		11. BIRTHPLACE (State or foreign country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME JOHN WELKER FREEMAN		13b. MOTHER'S MAIDEN NAME FLORENCE CAMPBELL		14. NAME OF HUSBAND OR WIFE GERTRUDE MERIDETH 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) UNK		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME GERTRUDE MERIDETH FREEMAN, 3237 OAK RIDGE			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Embolus (left)		3-11-53			
		ANTECEDENT CAUSES		DUE TO (b)		Essential Hypertension		9-8-49	
		DUE TO (c)		Hypertensive Heart Disease		2-3 yrs			
		II. OTHER SIGNIFICANT CONDITIONS		Auricular Fibrillation		2-3 yrs			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4.43 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3-11-53** 19, to **3-13-53** 19, that I last saw the deceased alive on **3-13-53**, 19, and that death occurred at **10:00a** m., from the causes and on the date stated above.

23a. SIGNATURE Walter Howard		(Degree or title) M.D.		23b. ADDRESS Frisco Bldg. Joplin Mo		23c. DATE SIGNED 3-16-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-14-53		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE		24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 3-19-53		REGISTRAR'S SIGNATURE Walter Howard		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Embalmer No. NEWTON COUNTY HEALTH UNIT
District File Number 253-68
Date Filed MAR 31 1953

APR 16 1953

NEOSILO, MISSOURI

APR 2 1953

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.