

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20956**

State File No. ....

**FILED JUN 20 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wakenda</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Eye</u> <span style="float:right">1040 1</span>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in his Truck,</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Freeman</u>	b. (Middle)	c. (Last) <u>Head.</u>	4. DATE OF DEATH (Month) - (Day) (Year) <u>6 -15- 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 10 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Spencer Head</u>	13b. MOTHER'S MAIDEN NAME <u>Mahala Trantham</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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) <u>Yes World War #2</u>	16. SOCIAL SECURITY NO. <u>555-05-6714</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Garland Tharp (Blue Eye Missouri.)</u>	ADDRESS
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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, asthma, 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) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carroll Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>334X</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred About 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickerson Surgeon</u>	23b. ADDRESS <u>Logansport Mo</u>	23c. DATE SIGNED <u>6-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Eye Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>6/16/53</u>	REGISTRAR'S SIGNATURE <u>Ms. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u>	ADDRESS <u>Carrollton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 2

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.