

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

43510

State File No.

V. S. No. 300
Rev. 10-48

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 47

0550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon</u>)		c. LENGTH OF STAY (in this place) <u>23 days</u>	c. CITY OR TOWN <u>Aurora</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>625 St. Louis Street</u>		0550	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clayton</u> b. (Middle) <u>William</u> c. (Last) <u>Freese</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 28, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1921</u>
9. AGE (In years last birthday) <u>32</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tina, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None—Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Simon William Freese</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Malen</u>	
14. NAME OF HUSBAND OR WIFE <u>Velma Smith Freese</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>San records, Mo, S.S., Mt. Vernon, Mo.</u>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pulmonary tuberculosis Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 5 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amyloid Disease</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic pulmonary tuberculosis and hypertension</u>		about 10 yr. abt. 4 yrs.	
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"/>
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 <u>12-5-53</u> , 19 <u>53</u> , to <u>12-28-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-28-</u> , 19 <u>53</u> and that death occurred at <u>6:50a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Brasher M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Missouri</u>	
23c. DATE SIGNED <u>12-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-28-53</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-53</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>William N. Wood - Aurora, Mo</u>		ADDRESS	

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.....
Signature of Student Embalmer

Signed *William W. Wood*.....

Licensed Embalmer No. *4539*.....

P. O. Address *Amory, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.