

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5200

State File No. ....

FILED FEB 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give street address or location) <b>JOPLIN, MISSOURI</b>	c. LENGTH OF STAY (in this place) <b>YRS.</b>	c. CITY OR TOWN <b>JOPLIN,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>202 MAIDEN LANE</b>		e. STREET ADDRESS (If rural, give location) <b>202 MAIDEN LANE</b> <span style="float: right;">0495</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b> b. (Middle) <b>FREEMAN</b> c. (Last) <b>FREEMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 9, 1954</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 27, 1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CARL JUNCTION, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>HENRY BRIGGS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BAILEY--</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE FREEMAN</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE FREEMAN - 202 MAIDEN LANE</b>		ADDRESS <b>202 MAIDEN LANE</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>	
	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 <b>Chronic cholecystitis</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>		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 2-5, 1954, to 2-9, 1954, that I last saw the deceased alive on 2-8, 1954, and that death occurred at 4a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G.H. Hamilton M.D.</b>		23b. ADDRESS <b>FRISCO BLDG. JOPLIN, MO.</b>		23c. DATE SIGNED <b>2-10-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-11-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CARL JUNCTION</b>	24d. LOCATION (City, town, or county) (State) <b>CARL JUNCTION, MISSOURI</b>		
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DATE REC'D BY LOCAL REG. <b>2-12-54</b>	REGISTRAR'S SIGNATURE <b>H. D. James 138</b> <i>by Deloris Sampson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Jasper County Health Office  
County File Number 54-2-132  
Date Filed FEB 16 1954

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 F. M. Jones  
Licensed Embalmer No. 231

P. O. Address Joplin

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.