

FILED NOV 15 1954 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Decaturville - Western Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Decaturville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
3. NAME OF DECEASED a. (First) <u>Freddie R</u> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH a. (Month) <u>Nov</u> (Day) <u>7</u> (Year) <u>1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 17-1888</u>
9. AGE (In years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer + labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laurelsberry mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert R Coursey</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Davis</u>
14. NAME OF HUSBAND OR WIFE <u>May Ferry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Bible</u>		ADDRESS <u>Fonidy</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> 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"/>			
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) _____	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>Nov 7</u> , 19 <u>54</u> , that I last saw the deceased <u>alive on</u> , 19 <u>54</u> , and that death occurred at <u>4:06</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Abbie Banks Woolery Coroner Camden</u>		23b. ADDRESS <u>Camden Co mo</u>	
23c. DATE SIGNED <u>Nov 9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mtella</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 12-1954</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banks-Woolery</u>	ADDRESS <u>Camden, Mo</u>

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

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

Abbie Benson Holroyd

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.