

W-20-10-10
FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11563**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		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 <u>City Hosp 1403 N Jefferson</u>		f. STREET ADDRESS (If rural, give location) <u>1415 W. Catalpa</u>	
3. NAME OF DECEASED a. (First) <u>Elmer</u> b. (Middle) <u>O.</u> c. (Last) <u>Freelove</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-19-1955</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>Jan. 27-1907</u>
9. AGE (In years, last birthday) <u>48</u>		IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Dept. - C.U.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Truman A. Freelove</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Pearl Harlowe</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Freelove</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>444-03-7962</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Freelove</u>		ADDRESS <u>Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uraemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis acute glomer.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatitis acute</u>	
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>Mar 18</u> , 19 <u>55</u> , to <u>Apr 17</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>Apr 17</u> , 19 <u>55</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>J. Newton Wakenin M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>	
22c. DATE SIGNED <u>4-20-55</u>			
23a. BURIAL (Specify) <u>burial</u>		23b. DATE <u>4-22-55</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-23-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Gandy</u>		ADDRESS <u>Springfield Mo</u>	

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

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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.....
[Handwritten Signature]

Licensed Embalmer No. 331

P. O. Address *[Handwritten Address]*

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.