

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21411**

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Steele</u>	
c. LENGTH OF STAY (in this place) <u>1 Mo</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>St Francis Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>201 E Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret Jane</u> b. (Middle) <u>Irene</u> c. (Last) <u>Freese</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-55</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3-26-1867</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>11</u> Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stuyvesant Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Freese</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Fred Caslock Cape Girardeau</u>		18. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower nephron nephrosis (crush syndrome)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Uremia</u>			
		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"/>	
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 June 30, 1955, to July 7th, 1955, that I last saw the deceased alive on July 7th, 1955, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Alfred M. Ester</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>7-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Zina</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		DATE REC'D BY LOCAL REG. <u>8-1-55</u>		REGISTRAR'S SIGNATURE <u>Hyde A. Sawyer 44</u>	
F. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon Todd Co. Steele Mo</u>		ADDRESS <u>Steele Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *John H. German*

Licensed Embalmer No. *435*

P. O. Address *Haiti, ?*

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.