

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25700

State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> | | c. CITY OR TOWN <u>Buffalo</u> | |
| c. LENGTH OF STAY (In this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Marshal Rest Home</u> | | e. STREET ADDRESS (If rural, give location) <u>0200</u> | |

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|-------------------------------------|-------------------------|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Thomas</u> | c. (Last) <u>Freeman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-1955</u> |
|-------------------------------------|-------------------------|---------------------------|--------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>March 22-1876</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>John Freeman</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Simpson</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 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. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marshal Rest Home</u> | ADDRESS <u>Buffalo, Mo</u> |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Cord disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> | | |
| | DUE TO (c) <u>n</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u> | | years <u>357X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 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 Jan 1, 1935, to 8-16, 1955, that I last saw the deceased alive on 8-14, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. Plummer</u> (Degree or title) | 23b. ADDRESS <u>Buffalo Mo</u> | 23c. DATE SIGNED <u>8-20-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-18-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sciviner Cem.</u> | 24d. LOCATION (City, town or county) (State) <u>Dallas County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8-22-55</u> | REGISTRAR'S SIGNATURE <u>Ernest Peters</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. G. Gentry</u> | ADDRESS <u>Funeral Home</u> |
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Buffalo, Mo.

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.....
Signature of Student Embalmer

Signed *Clyde Montgomery*.....
Licensed Embalmer No. *35*.....

P. O. Address *Buffalo*.....

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.