

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40557**
5587

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr.		7. STREET ADDRESS (If rural, give location) 1237 LAWDALE	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. GENERAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ASHER b. (Middle) ROBERT c. (Last) FREEMAN		4. DATE OF DEATH (Month) (Day) (Year) DEC. 22, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 24, 1981
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months - Days -	IF UNDER 4 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSTALLER		10b. KIND OF BUSINESS OR INDUSTRY WESTERN ELEC. CO.	11. BIRTHPLACE (City and State or Foreign Country) JEWELL CO. KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME ROBERT T. FREEMAN		13b. MOTHER'S MAIDEN NAME MARY E. DICKINSON		14. NAME OF HUSBAND OR WIFE ROSA FREEMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 573-22-4194		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSA FREEMAN 1237 LAWDALE K.C.MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown		II. OTHER SIGNIFICANT CONDITIONS		7955	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Rhugh H. Owens High (Degree or title)		23b. ADDRESS 1034 Rialto Bldg		23c. DATE SIGNED 12-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY, KANSAS CITY, MISSOURI	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son - K.C.Mo.			
DATE REC'D BY LOCAL REG. 12-23-55		REGISTRAR'S SIGNATURE Mrs. Minshall			

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 *W.C. Reine*.....

Licensed Embalmer No. *481*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.