No. 300
10.48

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

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6037

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvins, Mo Route No. 1.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home Randolph Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN Elvins, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Route No. 1.

3. NAME OF DECEASED (Type or Print)
a. (First) Mrs. Sarah
b. (Middle) Elizabeth
c. (Last) Freeman

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1956

5. SEX Female
6. COLOR OR RACE White, Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 28-1869
9. AGE (In years last birthday) 86-11-12. 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Cumberland, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Peter M. Quinley
13b. MOTHER'S MAIDEN NAME Elizabeth Fauwaet
14. NAME OF HUSBAND OR WIFE Mr. George Freeman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mr. Jim Freeman — ADDRESS Elvins Route No. 1.

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) Acute Gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — [illegible]

DUE TO (c) arterial Sclerosis generalized — [illegible]

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 5711
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/9, 1956, *to* 2/10, 1956, *that I last saw the deceased alive on* 2/9, 1956, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Jones (Degree or title) M.D.
23b. ADDRESS Flat River, Mo
23c. DATE SIGNED 2/11/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 12-1956
24c. NAME OF CEMETERY OR CREMATORY. Woodlawn Cemetery
24d. LOCATION (City, town, or county) Leadington (State) Mo

DATE REC'D BY LOCAL REG. Feb. 11, 1956
REGISTRAR'S SIGNATURE Esther Redlaff
25. FUNERAL DIRECTOR'S SIGNATURE Albin W. Hood — ADDRESS 303 Church St. Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 27 8 0

P. O. Address 303 Cross St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.