

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20166

STATE FILE NUMBER

FILED JUL 2 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 585

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield <u>394</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS 1669 E. Belmont	

3. NAME OF DECEASED (Type or print) Enoch Emmet Freeman			4. DATE OF DEATH June 26, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH Sept. 3, 1897		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR	
11. BIRTHPLACE (City and state or country) Rogersville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Miley Freeman	
14. MOTHER'S MAIDEN NAME Mary Eliza Moore		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-09-3597	
17. INFORMANT Adrien Freeman-Springfield, Mo.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Occlusion (Had been seen by a physician in 1952 for heart trouble) DUE TO (b) heart trouble DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____		INTERVAL BETWEEN ONSET AND DEATH unknown	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Springfield, Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE Lois Williamson (Degree or title) Local Registrar of Vital Statistics		22b. ADDRESS Court House Springfield, Missouri	
22c. DATE SIGNED 6-28-56		23. LOCATION (City, town, or county) (State) Springfield, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-29-'56	
23c. NAME OF CEMETERY OR CREMATORY Eastlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	

24. FUNERAL DIRECTOR Ray Laney ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-29-56		26. REGISTRAR'S SIGNATURE Lois Williamson	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

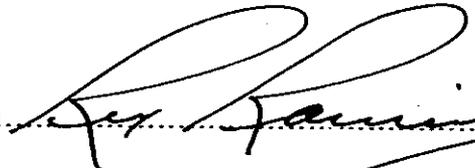
UNATTENDED BY A PHYSICIAN

June 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by -----, Student Embalmer No. -----
working under my personal supervision..

Student -----
Signature of Student Embalmer

Signed  -----

Licensed Embalmer No. 331

P. O. Address Springfield

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