

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23252

State File No. _____

No. 300
10-48

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5396 Registrar's No. 421

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Dora R, Brushcreek</u> | | c. CITY OR TOWN <u>Dora</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | e. STREET ADDRESS (If rural, give location) <u>0340</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rena</u> b. (Middle) <u>A.</u> c. (Last) <u>Freeman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1956</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 14 1882</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Columbus Hall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Liza Foster</u> | | 14. NAME OF HUSBAND OR WIFE <u>H. W. Freeman</u> | |
| 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. W. Freeman Dora Missouri</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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> | | |
| | DUE TO (c) <u>Chronic Senile Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>334X</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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 2-1-, 1920, to 7-12-, 1954, that I last saw the deceased alive on 7-12-, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>M. C. Gentry M.D.</u> | 23b. ADDRESS <u>ava mo</u> | 23c. DATE SIGNED <u>July 20</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7 27 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sweetonpond</u> | 24d. LOCATION (City, town, or county) (State) <u>Dora Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>July 31-56</u> | REGISTRAR'S SIGNATURE <u>Vestal Bushman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Linkingbeard Funeral Home Ava, Mo.</u> |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

AUG 14 1956

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 *Lytle C. Gluckman*

Licensed Embalmer No... 483

P. O. Address *Avon, N.Y.*

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.