

FILED NOV 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34451**

| | | | | | | | | | |
|--|----------------------------------|---|--|--|------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>4574</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | c. CITY OR TOWN <u>Joplin</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>817 Empire Avenue</u> | | | | <u>0490</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> | | | b. (Middle) _____ | | c. (Last) <u>FREAS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 26, 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>June 11, 1886</u> | | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 11 yrs. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods Store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rulo, Nebraska</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Peter Haunks</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Frances Freidman</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John A. Freas</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John A. Freas, 817 Empire, Joplin, Mo.</u> | | ADDRESS | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Arteriosclerosis generalized.</u> | | | | | | <u>10 years</u> | |
| | | DUE TO (c) _____ | | | | | | | |
| | | 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 <u>420.1</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <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 <u>Nov.</u> , 19 <u>49</u> , to <u>9/26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-26</u> , 19 <u>56</u> , and that death occurred at <u>6:30A. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. Schulte</u> | | | | 23b. ADDRESS <u>2125 Jackson, Joplin, Mo</u> | | | 23c. DATE SIGNED <u>9/28/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Sept 28, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Falls City, Nebraska</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10-22-56</u> | | REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u> | | | | | |

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

RECEIVED
Jasper County Health Office
County File Number 56-10-834
Date Filed OCT 7-1-1950

NOV 3 1951

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.....
David DeLeon

Licensed Embalmer No. 384

P. O. Address *Joplin 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.