

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

**35006**

**FILED OCT 30 1956**

5943 State File No. **3053** Registrar's No. **195**

BIRTH NO. _____		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>195</b>	
1. PLACE OF DEATH a. COUNTY <b>Phelps Co.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Phelps</b>			
b. CITY OR TOWN <b>Rural - Spring Creek</b>		c. LENGTH OF STAY (in this place) <b>35</b>		c. CITY OR TOWN <b>Rural - Spring Creek</b>		d. STREET ADDRESS (If rural, give location) <b>South of Edgar Springs Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South of Edgar Springs</b>				d. STREET ADDRESS (If rural, give location) <b>South of Edgar Springs Mo</b>			
3. NAME OF DECEASED (Type or Print) <b>Moses Tiffin Freeman</b>			g. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 21 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar 27, 1881</b>		9. AGE (In years) <b>75</b>	If under 1 year: Months	If under 12 mos. Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Texas Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Moses Freeman</b>		13b. MOTHER'S MAIDEN NAME <b>Rossian Case</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Freeman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Anna Freeman, Edgar Springs</b> 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.							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest.</b>						INTERNAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Cachexia &amp; debilitation</b>							
DUE TO (c) <b>Cardiovascular renal disease</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>disease</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>					
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 <b>Oct 1954</b> to <b>Oct 1956</b> , that I last saw the deceased alive on <b>Oct 21, 1956</b> and that death occurred at <b>2:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>B. J. Myers D.O.</b>				23b. ADDRESS <b>Leaching, Mo</b>		23c. DATE SIGNED <b>10-23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10-24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mitchell Cem.</b>		24d. LOCATION (city, town, or county) (State) <b>Phelps Co Mo</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 23, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Ferguson</b>		ADDRESS <b>Leaching Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 563

Date Filed OCT 20 1958

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 .....

Student Embalmer

Signed

*Eubert E Ferguson*

Licensed Embalmer No. 3945

P. O. Address Leaving 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 this body is not embalmed, fact should be so stated above.