

Health, Welfare, Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed.

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1135**

Registration District No. **139** Primary Registration District No. **5537** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY HOLT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOLT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MOUND City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 1/2 mi N. MOUND City			Length of stay in lb 28 YRS.		d. STREET ADDRESS (If outside, give location) 9 1/2 mi NORTH			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OTHA Middle LEONARD Last FREED				4. DATE OF DEATH JAN. 23, 1957 Month Day Year				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 25, 1894		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) Holt Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN R. FREED				14. MOTHER'S MAIDEN NAME DELLA C. ROSS				
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. 493-42-2988		17. INFORMANT Address MRS BLANCHE FREED, MOUND C. 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)	
							DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from Jan 23-57 to Jan 23-57 and last saw her alive on 1-23-57 Death occurred at 9 a. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) D. Perry M.D.				22b. ADDRESS Mound City Mo		22c. DATE SIGNED 1-24-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-26-57	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem		23d. LOCATION (City, town, or county) (State) Holt Co., Mo.			
24. FUNERAL DIRECTOR ADDRESS James Kaufman Mound City, Mo.			25. DATE RECD. BY LOCAL REG. 1-24-57		26. REGISTRAR'S SIGNATURE James Kaufman			

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James Crawford

Licensed Embalmer No. *47*

P. O. Address *Main St*

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.