

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017542

STATE FILE NUMBER

FILED JUN 6 1958 Registration District No. 58 Primary Registration District No. 4088 Registrar's No. 13

300
-57

1. PLACE OF DEATH a. COUNTY Carter			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellsinore		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ellsinore		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellsinore, Mo.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Ellsinore, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lula B. Freeze			4. DATE OF DEATH Month Day Year 5-11-1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1888	9. AGE (In years last birthday) 70	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Ellsinore, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jim Longbottom		13b. MOTHER'S MAIDEN NAME Mary E. Bowman		14. NAME OF HUSBAND OR WIFE William R. Freeze	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service) No		16. SOCIAL SECURITY NO. ***	17. INFORMANT Address Thelmer Freeze, Ellsinore, 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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease					
DUE TO (c) Arteriosclerosis, Systemic					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 WORK <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 _____, to _____ and last saw her/him alive on _____ Death occurred at 7:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank W. Danelli MD 0			22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 5/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-58	23c. NAME OF CEMETERY OR CREMATORY Henson Cemetery		23d. LOCATION (City, town, or county) (State) Carter County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo		25. DATE RECD. BY LOCAL REG. June 3-58	26. REGISTRAR'S SIGNATURE Mrs Oeta Henson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in relating to the symptoms and conditions. All diseases in Part I must be causally related.

RECEIVED

JUN 5 1958

CARTER COUNTY
HEALTH CENTER

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 *Ray Adams*

Licensed Embalmer No. *4938*

P. O. Address *Palmetto*

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.