

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000794

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 18

**1. PLACE OF DEATH**  
 a. COUNTY Dunklin  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Mo. Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 A S. Anthony Length of stay in 1b Unknown  
**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. COUNTY Dunklin  
 c. CITY OR TOWN Kennett Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 107A South Anthony Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last  
Jasper Freeman  
**4. DATE OF DEATH** Month Day Year  
Jan. 10-1959

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED**  NEVER MARRIED  WIDOWED  UNKNOWN  DIVORCED   
**8. DATE OF BIRTH** Unknown 1868 **9. AGE** (In years last birthday) 91 IF UNDER 1 YEAR Months Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Tramp **10b. KIND OF BUSINESS OR INDUSTRY** XX **11. BIRTHPLACE** (City and state or country) Unknown ILL **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** UNKNOWN

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No. XX **16. SOCIAL SECURITY NO.** None **17. INFORMANT** R.E. Thompson Address Malden 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 Occlusion INTERVAL BETWEEN ONSET AND DEATH unknown  
 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  NO

**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**20d. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **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 About Sat. Jan. 10th m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Quinton Tamey **22b. ADDRESS** Kennett Mo. **22c. DATE SIGNED** 1-15-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** 1-15-59 **23c. NAME OF CEMETERY OR CREMATORY** Oak Ridge Cemetery **23d. LOCATION** (City, town, or county) (State) Kennett Mo.

**24. FUNERAL DIRECTOR** Lentz Service ADDRESS Kennett Mo. **25. DATE RECD. BY LOCAL REG.** Jan 16-1959 **26. REGISTRAR'S SIGNATURE** Local Husband

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

NOT EMBALMED

Student .....  
Signature of Student Embalmer

Signed *Edgar Beecher Terrell*

Licensed Embalmer No. 4433.....  
P. O. Address .... Kennett 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.