

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010909
State File No.

2 2206
Registrar's No.

FILED MAR 20 1959

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		a. STATE Illinois	
c. LENGTH OF STAY (in this place) 1 mon.		b. COUNTY Williamson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		c. CITY OR TOWN Herrin	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 120 South 17th St.			
3. NAME OF DECEASED (Type or Print) Earl Freeman		4. DATE OF DEATH (Month) (Day) (Year) March 2 1959	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 23, 1887 71	
9. AGE (In years) last birthday Months Days Hours Mins.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	
11. BIRTHPLACE (City and State or Foreign Country) Coal Mines		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Freeman		13b. MOTHER'S MAIDEN NAME Lizzie Justice	
14. NAME OF HUSBAND OR WIFE Lillie Freeman			
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. 325-18-9734	
17. INFORMANT'S SIGNATURE OR NAME Lillie Freeman Herrin, Ill.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd and 3rd degree Burns of 60% of body.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) suffered in fire in home	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		January 1st, 1959.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9/2 E916.0 16	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place of business, etc.) 71 Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Herrin, Ill.			
21d. TIME (Month) (Day) (Year) (Hour) 1 1 59? 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 19 to 19, that I last saw the deceased alive on _____, and that death occurred at 7:55 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick P. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.3.59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-3-59	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Herrin, Illinois	
DATE REC'D BY LOCAL REG. MAR 3 '59		REGISTRAR'S SIGNATURE Earl Smith, M.D.	
		FEDERAL DIRECTOR'S SIGNATURE John A. Cronk	

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

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 *John C. ...* Licensed Embalmer No. *3398* P. O. Address

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.