

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022580

FILED JUN 23 1959 Registration District No. 316 Primary Registration District No. 3059 STATE FILE NUMBER 232 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BONNETERRE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>POTOSI</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BONNETERRE HOSP</b>		Length of stay in 1b <b>2 HRS.</b>	d. STREET ADDRESS (If outside, give location) <b>1001 NORTH MINE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>FREDA</b> Middle <b>GLADINE</b> Last <b>CARTER</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>5</b> Year <b>1959</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 30-1926</b>	9. AGE (In years last birthday) <b>32</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINE OPERATOR SHOE FACTORY</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>POTOSI MO.</b>	11. BIRTHPLACE (City and state or country) <b>POTOSI MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HOOK DICUS</b>	13b. MOTHER'S MAIDEN NAME <b>SALLIE HAWKINS</b>	14. NAME OF HUSBAND OR WIFE <b>LEONA ISGRIGGS POTOSI MO</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-22-8305</b>	17. INFORMANT <b>LEONA ISGRIGGS POTOSI MO</b>	Address <b>301 CORDIA</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute pericarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
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) <b>4010</b>		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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>June 5, 1959</b> to <b>June 5, 1959</b> and last saw her/him alive on <b>June 5, 1959</b> Death occurred at <b>2:30 a.</b> _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>[Signature]</b>	22b. ADDRESS <b>Bonne Terre, Mo.</b>	22c. DATE SIGNED <b>6-15-59</b>

23a. BURIAL, CREMATION, ETC. (Specify) <b>BURIAL</b>	23b. DATE <b>6-8-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW MASONIC</b>	23d. LOCATION (City, town, or county) (State) <b>POTOSI, MO.</b>
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24. FUNERAL DIRECTOR <b>OMAN JENKINS</b>	ADDRESS <b>POTOSI, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>June 17, 1959</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 23 1959

AUG 13 1959

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 *Murphy L...*  
Licensed Embalmer No. *4336*  
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.