URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039829

STATE FILE NUMBER

FILED VS DEC 7 1959

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo. — Length of stay in 1b: 6 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Rest Haven — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY Howard
c. CITY OR TOWN Fayette, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS ---- (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle W. Last FREEMAN
4. DATE OF DEATH: Month DEC. Day 4, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/10/1887
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (City and state or country): New London, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: J. A. Freeman
13b. MOTHER'S MAIDEN NAME: Frances Rebecca Elzea
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 490-07-3104
17. INFORMANT: W. W. Freeman — Address: 4332 Gloster Rd. Dallas Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebro vesculer thrombosis	unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebro vascular arteriosclerosis	unknown
DUE TO (c)	Hypertension, severe,	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. Month, Day, Year
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

BY AFFIDAVIT OF

21. I attended the deceased from Jan 1 1959 to Dec 4 1959 and last saw her/him alive on Dec 2 1959
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M D
22b. ADDRESS Fayette, Mo
22c. DATE SIGNED 5 Dec 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/7/1959
23c. NAME OF CEMETERY OR CREMATORY: Barkley Cemetery
23d. LOCATION (City, town, or county) (State): New London, Missouri

24. FUNERAL DIRECTOR: Ralph A. Carr — ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 12-5-59
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

[redacted] _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph A. Carr

Signature of Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.