

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-002402**

FILED VS FEB 8 1960 179

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Winfield MONROE TWP.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Winfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>family residence</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1 mi. south of town</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>William</b> Last <b>Freese</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>20,</b> Year <b>1960</b>					
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/18/92</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>		11. BIRTHPLACE (City and state or country) <b>Old Monroe, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>F. William Freese</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Marie Bothe</b>			14. NAME OF HUSBAND OR WIFE <b>Louise (nee Bothe)</b>			
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>494-42-5448</b>		17. INFORMANT Address <b>Louise Freese, Winfield, Mo.</b>				
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>Generalized Circumstances</b> <b>Multiple Myeloma -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
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 <b>3/15/58.</b> to <b>Jan 20/60</b> last saw him alive on Death occurred at <b>4 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>J. O. Reese MD</b> (Degree or title)				22b. ADDRESS <b>Troy, Missouri</b>				22c. DATE SIGNED <b>1/23/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Jan. 23, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's E &amp; R Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>RFD Old Monroe, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>O'Garlan Ricks</b> <b>Elsberry, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>2-1-1960</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte Seek</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2501

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

FEB 3 1960

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 *[Signature]*  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Elsberry, 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.