

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006072**

FILED VS FEB 23 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEST PLAINS</b>		c. CITY OR TOWN <b>ALTON</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>J.</b> Last <b>FREEMAN</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>3</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>1-8-1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months 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>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>SILVAN SPRING, ARK.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DAVID M. FREEMAN</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY M. BOWEN</b>		14. NAME OF HUSBAND OR WIFE <b>HAZEL OLLER</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>NONE</b>		17. INFORMANT Address <b>KIRBY FREEMAN CHICAGO, ILL.</b>		

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) <b>Pulmonary Embolus</b>		<b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Gastric resection.</b>	<b>2 days</b>
	DUE TO (c) <b>Perforating ulcer</b>	<b>3 mo</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 12-4-59 to 2-7-60 and last saw <sup>her</sup>him alive on 2-7-60  
Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. S. Tolle</i> (Degree or title)		22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>2/10/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-6-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SMITH</b>	23d. LOCATION (City, town, or county) (State) <b>ALTON, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <i>Edward Carter, West Plains Mo</i>		25. DATE RECD. BY LOCAL REG. <i>2-16-60</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Douglas P. Karma

Licensed Embalmer No. 5037

P.O. Address West Plains

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.