

RE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014018

FILED VS MAR 21 1960

Registration District No. **378** Primary Registration District No. **4552** Registrar's No. **13**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove		Length of stay in lb Life		c. CITY OR TOWN Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION RFD # 2			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Herbert Middle E. Last Freeman				4. DATE OF DEATH Month March Day 3 Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Douglas Co. Mo.		11. BIRTHPLACE (City and state of country) Douglas Co. Mo.			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Freeman			13b. MOTHER'S MAIDEN NAME Delphia Adams		13c. NAME OF HUSBAND OR WIFE Mrs Francis 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. XXX		17. INFORMANT Paul Freeman Mtn. Grove, Mo.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism							INTERVAL BETWEEN ONSET AND DEATH Sudden			
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)					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 3/2/60 Month, Day, Year										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 3/2/60 to 3-3-1960 and last saw ^{her} him alive on 3-2-1960 . Death occurred at 3:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) W.A. Craig D.O.				22b. ADDRESS Mountain Grove, Mo.				22c. DATE SIGNED 3-5-60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)					
Burial		3-7-1960	Mt. A Arat Cemetery		Douglas Co. Missouri					
24. FUNERAL DIRECTOR Barber Funeral Home			ADDRESS Mtn Grove, Mo.		25. DATE RECD. BY LOCAL REG. 3-9-1960		26. REGISTRAR'S SIGNATURE Bernard Sherman			

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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Sherr

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