URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-026009

STATE FILE NUMBER

XC-15554586 REG. NOA-1765

NDED FILED VS AUG 8 1960 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b 139 DAYS	c. CITY OR TOWN CAMPBELL — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) ROUTE THREE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: EDGAR	Middle: CONRAD	Last: FREUND	4. DATE OF DEATH	Month Day Year: JULY 25, 1960
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 3-23-98	9. AGE (last birthday): 62	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): HORSE TRAINER	10b. KIND OF BUSINESS OR INDUSTRY: HORSE TRAINER	11. BIRTHPLACE (City and state or country): REDBUD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: JOHN GEORGE FREUND	13b. MOTHER'S MAIDEN NAME: MARY MIZE	14. NAME OF HUSBAND OR WIFE: NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO.: 359010684	17. INFORMANT Address: EMILY BELL, RTE 3, CAMPBELL, MO.-DAUGHTER			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA, LUNG. — INTERVAL BETWEEN ONSET AND DEATH 2 YEARS.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO 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

21. VA attended the deceased from March 8, 1960, to July 25, 1960 ~~and last saw her/him alive on~~

Death occurred at 12:40AM m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. D. TURNER, M.D., Actg.Chief, Medical Svc.	22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED: 7/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Jul Burial 6	23b. DATE: July 27, 1960	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Campbell, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo.	25. DATE RECD. BY LOCAL REG.: 7/28/60	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 12 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Christine M Lande

Signature of Student Embalmer

Licensed Embalmer No. 4 2 2

P. O. Address Campbe

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