RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

=60-026484

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 806

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctor's Memorial Osteopathic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Ash Grove
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): No st. Address
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SARAH Middle ANN Last FREEMAN
4. DATE OF DEATH: Month JULY Day 24, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-87
9. AGE (last birthday): 73
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ozark Co, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Pleasant Duckworth
13b. MOTHER'S MAIDEN NAME: Amanda Capehart
14. NAME OF HUSBAND OR WIFE: Ira H Freeman
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.: No
17. INFORMANT: I.H. Freeman, Ash Grove, Mo (Address)

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): Bronchopmeumonia — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis time unknown
DUE TO (c): CA of right forehead 4 yrs
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
21. I attended the deceased from 7-18-60, to 7-24-60 and last saw her/him alive on 7-24-60
Death occurred at 6:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Andrew Martinick M.D. (Degree or title)
22b. ADDRESS: 700 E Sunshine Springfield, Mo
22c. DATE SIGNED: 7-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-26-60
23c. NAME OF CEMETERY OR CREMATORY: Ray Spring Cemetery
23d. LOCATION (City, town, or county) (State): Everton, Mo
24. FUNERAL DIRECTOR: Brim Daniel Ash Grove, Mo ADDRESS
25. DATE REC'D BY LOCAL REG.: 7-29-60
26. REGISTRAR'S SIGNATURE: Effie E Mellon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sophie L. Samuel

Licensed Embalmer No. 470

P. O. Address Ash Gro

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