

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS
INDEXED

AUG 23 1960

274

Primary Registration District No.

4407

Registrar's No.

283-60-031568
STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY PETTIS		b. CITY (If outside corporate limits, give TOWNSHIP only) LA MONTE		a. STATE Mo		b. COUNTY PETTIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 2 YRS		c. CITY OR TOWN LA MONTE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First HENRY		Middle CHRISTOPHER		Last FREETAG		Month Day Year 8-14-1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-30-82	9. AGE (last birthday) 77	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) MINISTER -		10b. KIND OF BUSINESS OR INDUSTRY CHURCH - C.R.		11. BIRTHPLACE (City and state or country) STERNS Co. MISS.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHRISTOPHER FREETAG			13b. MOTHER'S MAIDEN NAME FREDERICKA REIN		14. NAME OF HUSBAND OR WIFE HOUSE FREETAG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-01-3094		17. INFORMANT Address MRS ROSE RAPPE - 6001 WIS.			
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) @ Arteriosclerotic Heart Disease?							
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	
@ Diabetes mellitus							
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 p.m. Month, Day, Year ✓		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 La Monte, Pettis Mo	
21. I attended the deceased from Aug 12-60 to Aug 14 and last saw him alive on Aug 14-60 Death occurred at La Monte Aug 14 1960 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H.W. Gravelle M.D.				22b. ADDRESS Knob Master Mo		22c. DATE SIGNED 8/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-16-1960		23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS.	
24. FUNERAL DIRECTOR ADDRESS Paul M. Moore - La Monte Mo				25. DATE RECD. BY LOCAL REG. 8/15-1960		26. REGISTRAR'S SIGNATURE Frances Shelby	

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 Paul M. Moore

Licensed Embalmer No. 3923
P. O. Address La Monte

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.