

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-037767

STATE FILE NUMBER

Registration District No. #67 Primary Registration District No. 5264 Registrar's No. 24

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Christian</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Seneca Township</i>		Length of stay in 1b <i>42 years</i>		c. CITY OR TOWN <i>Garrison, RFD</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4 miles East</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Lee</i> Middle <i>Roy</i> Last <i>Freeborn</i>				4. DATE OF DEATH Month <i>October</i> Day <i>26</i> Year <i>1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>March 17, 1876</i>	9. AGE (last birthday) <i>84</i>	IF UNDER 1 YEAR Months <i>84</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>-----</i>		11. BIRTHPLACE (City and state or country) <i>Omaha, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Richard Freeborn</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Fullhart</i>			14. NAME OF HUSBAND OR WIFE <i>Nancy Mullins</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT Address <i>Mrs. Fae Hankins, Bradleyville, Missouri</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cause of prostate & returns with</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>		
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) <i>arteriosclerotic heart disease</i>						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 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 <i>24 Oct/60</i> to <i>26 Oct/60</i> and last saw ^{her} him alive on <i>24 Oct/60</i> . Death occurred at <i>8:15</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>J. D. Rogers M.D.</i>				22b. ADDRESS <i>Ozark, Mo</i>			22c. DATE SIGNED <i>2 Nov/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10/28/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Comstock Funeral Home</i>			23d. LOCATION (City, town, or county) <i>Unionville Missouri</i>		(State)	
24. FUNERAL DIRECTOR ADDRESS <i>J. Dean Harris, Clever, Missouri</i>				25. DATE RECD. BY LOCAL REG. <i>Nov. 5/1960</i>		26. REGISTRAR'S SIGNATURE <i>Nannie Day.</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 *J. Alan Harris*

Licensed Embalmer No. 4390

P. O. Address Claver, Mo

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