

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041709

FILED VS. NOV 21 1960 128

Primary Registration District No. _____ Registrar's No. 1090 B

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robberson Township	Length of stay in 1b 5 years	c. CITY OR TOWN Brighton	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. # 1, Brighton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. # 1
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CAROL Middle MILTON Last FREEMAN			4. DATE OF DEATH Month October Day 28 Year 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 1/4/1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Electrician		10b. KIND OF BUSINESS OR INDUSTRY General work	11. BIRTHPLACE (City and state or country) Kansas City, Kan.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Walter Freeman		13b. MOTHER'S MAIDEN NAME Nellie Rankin		14. NAME OF HUSBAND OR WIFE Eva Freeman		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes	16. SOCIAL SECURITY NO. 510-07-4351	17. INFORMANT Carol J. Freeman, 6918 Mackenzie Rd., Affton 23, Missouri			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction and Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH likely 2 or 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis		3 days.
DUE TO (c) Vascular pathology		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UNATTENDED BY A PHYSICIAN		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 checked="" 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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **approx 10:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A. Amos, M.D. (Degree or title)		22b. ADDRESS Greene County Health Officer, Spfld, Mo		22c. DATE SIGNED 11-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/4/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. GENERAL DIRECTOR Ralph Thieme, 1200 Boothville Avenue, Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 11-14-60	26. REGISTRAR'S SIGNATURE Effie B. Meltzer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1960

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 Harold Luttrell

Licensed Embalmer No. 507

P. O. Address Spft, Va

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