

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-017982

STATE FILE NUMBER

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 102

AMENDED

FILED MAY 17 1961

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE	Length of stay in 1b 12 DAY	c. CITY OR TOWN CARTHAGE	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE # 2

3. NAME OF DECEASED (Type or print) First Middle Last GLENN BARRY FREEMAN			4. DATE OF DEATH Month Day Year MAY 5, 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-10	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY BED SPRING FACT.	11. BIRTHPLACE (City and state or country) CARTERVILLE, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JAMES BARRY FREEMAN	13b. MOTHER'S MAIDEN NAME DAISEY CUNNINGHAM	14. NAME OF HUSBAND OR WIFE OPAL FREEMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 2	16. SOCIAL SECURITY NO. W.W. # 2	17. INFORMANT Address MRS. OPAL FREEMAN - CARTHAGE RT. 2
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Peritonitis	DUE TO (b) Perforated gastric ulcer	12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia bilateral	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
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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.)
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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 4-23-61 to 5-5-61 and last saw ^{her}him alive on 5-5-61
Death occurred at 11: A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. Foster Whitten</i> MD.	22b. ADDRESS CARTHAGE, MISSOURI	22c. DATE SIGNED 5-8-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-9-61	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI
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24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, Mo.	25. DATE RECD. BY LOCAL REG. 5-9-61	26. REGISTRAR'S SIGNATURE <i>W. Foster Whitten</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MAY 17 1962

FEB 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Melvin C. Garrett

MELVIN C. GARRETT

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

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.