

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018166
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 42

AMENDED **F**

LED JUN 3 1961

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE MISSOURI b. COUNTY LE WIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TWP.		Length of stay in 1b 2 MONTHS	c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRAIRIE VIEW REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DAVID FREEMYER			4. DATE OF DEATH Month Day Year JUNE 1 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/1871
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HR Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) KNOX COUNTY
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME JAMES FREEMYER	
13b. MOTHER'S MAIDEN NAME ELIZABETH STRANGE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT FLORENCE MORITZ, KIRKWOOD, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) _____			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
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia, + Gastrointestinal hemorrhage			
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 _____ 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 <u>July 1955</u> to <u>June 61</u> and last saw ^{her} him alive on <u>21 May 61</u> Death occurred at <u>D.O.A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John W. Wells D.O.</i>		(Degree or title)	22b. ADDRESS <u>Lewistown Mo</u>
22c. DATE SIGNED <u>2 June 61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 8, 1961	23c. NAME OF CEMETERY OR CREMATORY COLONY CEMETERY	23d. LOCATION (City, town, or county) (State) COLONY MISSOURI
24. GENERAL DIRECTOR <i>Charles L. Arnold</i>		ADDRESS LEWISTOWN, MO.	25. DATE RECD. BY LOCAL REG. 6-6-61
		26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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

Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.