

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020048

STATE FILE NUMBER

Registration District No. 335 Primary Registration District No. 4480 Registrar's No. 1

FILED MAY 22 1961

1. PLACE OF DEATH a. COUNTY Schuyler County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop, Mo.		Length of stay in 1b 5 weeks		c. CITY OR TOWN Greentop, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Greentop Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS none (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Minnie Middle Freyburger Last Ladwig				4. DATE OF DEATH Month May Day 8 Year 1961					
5. SEX Female		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 3-26-1888		9. AGE (last birthday) 73 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hope, Arkansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME M.C. Freyburger			13b. MOTHER'S MAIDEN NAME Anna Mounts			14. NAME OF HUSBAND OR WIFE Fred Ladwig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		17. INFORMANT Fred Ladwig, Greentop, Mo. Address				
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 Failure DUE TO (b) Cerebral Thrombosis DUE TO (c) Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 7 days 5 weeks 10 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year 5/8/61							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8/23/50 to 5/8/61 and last saw her him alive on 5/8/61 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Edward M. Roberts (Degree or title) M.D.				22b. ADDRESS Queen City, Mo.			22c. DATE SIGNED 5/11/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-11-61		23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery		23d. LOCATION (City, town, or county) Greentop, Mo.		(State)	
24. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc. ADDRESS W. R. Jackson				25. DATE RECD. BY LOCAL REG. 5-15-61		26. REGISTRAR'S SIGNATURE Flarence Shepherd			

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Wm F. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirksville

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.