

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-036384

STATE FILE NUMBER

AMENDED

Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 31

FILED OCT 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE		c. CITY OR TOWN CHERRYVILLE	
Length of stay in lb 24RS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI. E. CHERRYVILLE		d. STREET ADDRESS (If outside, give location) 3 MI. EAST CHERRYVILLE	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELECT BELLE FREEMAN			4. DATE OF DEATH Month Day Year OCT. 10 1961
5. SEX FEMALE	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 11-14-1885
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Day Hours Min. 10 26	IF UNDER 24 HR. Hours Min. 10 26
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) HUZZAH MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM CASSIDY	
13b. MOTHER'S MAIDEN NAME ELIZA CRABTREE		14. NAME OF HUSBAND OR WIFE WILLIAM N. FREEMAN	
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 FLOYD FREEMAN		Address CUBA, 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) Senile debility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Encephalomalacia DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 24RS. 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 7:40 a.m. p.m.	Month, Day, Year July 1953		
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 Steelville Mo	COUNTY STATE
21. I attended the deceased from July 1953 to Oct 2, 1961 and last saw her alive on Oct 2, 1961		Death occurred at 7:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title) Dr.		22b. ADDRESS Steelville Mo	22c. DATE SIGNED 10/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-12-1961	23c. NAME OF CEMETERY OR CREMATORY FREEMAN CEM.	23d. LOCATION (City, town, or county) (State) CHERRYVILLE, MO.
24. FUNERAL DIRECTOR JONAS FUNERAL HOME ADDRESS STEELVILLE		25. DATE RECD. BY LOCAL REG. 10/18/61	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius

1961 10 100

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Steelville, 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.