

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043756  
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 455

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in 1b <b>10 Minutes</b>	c. CITY OR TOWN <b>Ellington</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8 Mi N.W. of Ellington</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Robin Max Freund** **Dec 2, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  8. DATE OF BIRTH **12-4-1940** 9. AGE (last birthday) **20**  
Widowed  Divorced  IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dairy Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Dairy Farm** 11. BIRTHPLACE (City and state or country) **Ill.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Herman Robert Freund** 13b. MOTHER'S MAIDEN NAME **Helen Anna Berhart** 14. NAME OF HUSBAND OR WIFE **na**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Herman R. Freund, Ellington, 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) **Crushing Injury, left thorax** INTERVAL BETWEEN ONSET AND DEATH **2 hrs**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Multiple fractures, left arm** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **12-2-1961** to **12-2-1961** and last saw him alive on **12-2-1961**  
Death occurred at **2:15A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **J L Basham M D** 22b. ADDRESS **215 Oak St. Poplar Bluff, Mo.** 22c. DATE SIGNED **12-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-6-61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Cemetery** 23d. LOCATION (City, town, or county) (State) **Ellington, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Pewitt Funeral Home, Ellington, Mo.** 25. DATE RECD. BY LOCAL REG. **12/20/1961** 26. REGISTRAR'S SIGNATURE **Thelma Graham**

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 Chas. S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.