MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026190
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 922

FILED AUG 8 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Dr. Dinelli
1 0129
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Poplar Bluff Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Daniel — Middle — Last Freeman

4. DATE OF DEATH: Month July Day 20, Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-18-1887
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 1 Days 2 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Douglas County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Samuel Freeman
13b. MOTHER'S MAIDEN NAME: Rebecca Pierce
14. NAME OF HUSBAND OR WIFE: Nancy Alice 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.:
17. INFORMANT Address: Leslie Freeman, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Apoplexy
DUE TO (c): Arteriosclerosis, Systemic
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 7-18-1962, to 7-20-1962 and last saw ~~her~~ him alive on 7-20-1962
Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank W Dinelli MD
22b. ADDRESS: 215 Oak Street Poplar Bluff, Missouri
22c. DATE SIGNED: 7-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-22-62
23c. NAME OF CEMETERY OR CREMATORY: Kerns Chapel Cem.
23d. LOCATION (City, town, or county) (State): Butler County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Frank-Cotrell, Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 8-4-1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.