

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039247

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 760 Primary Registration District No. 5592 Registrar's No. 164

FILED NOV 15 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0500				
2 0500				
3				
4 1				
5 2				
6				
7 0				
8 2				
9 537X				
10				
11 86-0				
13 1-0				
	SHOULD READ	BY AFFIDAVIT OF		
	ITEM NO.			

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in lb 41 DAYS	c. CITY OR TOWN FESTUS, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. VIEW NURSING HOME		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLIVE Middle H. Last FRESHNER			4. DATE OF DEATH Month NOV. Day 10 Year 1962
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 4-29-85
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKER	11. BIRTHPLACE (City and state or country) RUTLEDGE, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME M. L. CUNNINGHAM	
13b. MOTHER'S MAIDEN NAME ELIZABETH HIGHFILL		14. NAME OF HUSBAND OR WIFE WILLIAM FRESHNER	
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 MRS. L. J. HAMMER Address R. R. #1, FESTUS, 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) Acute Parotitis			INTERVAL BETWEEN ONSET AND DEATH 4 days
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) Cardio Vascular Disease			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 _____ 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 10-3-62 to 11-8-62 and last saw her ^{her} _{him} alive on 11-8-62 Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. D. Annell, M.D. (Degree or title)		22b. ADDRESS Crystal City, Mo	22c. DATE SIGNED 11-9-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-62	23c. NAME OF CEMETERY OR CREMATORIAL MULBERRY	23d. LOCATION (City, town, or county) MULBERRY KANSAS
24. FUNERAL DIRECTOR James R. Coey ADDRESS Crystal City, Mo		25. DATE RECD. BY LOCAL REG. NOV 10, 1962	26. REGISTRAR'S SIGNATURE John J. Still, Deputy

James Richard Cady

NOV 27 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 _____
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.