

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017629

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4072

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1963

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis Mo.</u>		c. CITY OR TOWN <u>ARNOLD, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2182 Tinbrook Rd.</u>	
3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>H</u> Last <u>Freer</u>		4. DATE OF DEATH Month <u>4</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/6/1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>	11. BIRTHPLACE (City and state or country) <u>Wayne, Co. Mo</u>
13a. FATHER'S NAME <u>Charles Freer</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Whitson</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Lena M. Freer Arnold, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>420.0</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Influenza viral</u>		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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from <u>3/7/63</u> to <u>4/8/63</u> and last saw her/him alive on <u>4/7/63</u> Death occurred at <u>5:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edward W. Gabriel MD</u>		22b. ADDRESS <u>3701 Grindel Sq</u>	
22c. DATE SIGNED <u>4/10/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Popular Bluff, Mo.</u>
24. FUNERAL DIRECTOR <u>Gentry R. Politte</u>		25. DATE RECD. BY LOCAL REG. <u>APR 11 1963</u>	
ADDRESS <u>Crystal City</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

Myrtle
President

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 _____

L. R. Pollock

Licensed Embalmer No. 3481

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.