

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011373

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 115

FILED APR 15 1963

VS 300
Rev. 4/59

1 0425

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12 86.2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 4 months	c. CITY OR TOWN Shawnee Mound
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jolley Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Shawnee Mound
3. NAME OF DECEASED (Type or print) First PERCY Middle PRESTON Last FREEMAN		4. DATE OF DEATH Month April Day 10 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/86
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of year, if retired) Retired Broom Mfg.		10b. KIND OF BUSINESS OR INDUSTRY Broom Mfg.	11. BIRTHPLACE (City and state or country) Andover, Kansas
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Thomas Freeman	
14. MOTHER'S MAIDEN NAME Emma Laura Shook		15. NAME OF HUSBAND OR WIFE Lottie M. Freeman	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 495-36-6597	18. INFORMANT Lottie Freeman, Shawnee Mound, 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) pneumonia postural			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			3 days
DUE TO (c) Cerebral Hemorrhage			3 mo
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 _____ 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 Dec 1-62 to April 10/63 and last saw him alive on 4/9/63 Death occurred at 7:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Clinton Mo	22c. DATE SIGNED 4/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/12/63	23c. NAME OF CEMETERY OR CREMATORY Shawnee Mound	23d. LOCATION (City, town, or county) (State) Henry County, Missouri
24. FUNERAL DIRECTOR Consalus		ADDRESS Clinton, Mo.	25. DATE RECD. BY LOCAL REG. APRIL 13-1963
26. REGISTRAR'S SIGNATURE Mildred Bigums			

USE BLACK INK OR TYPEWRITER RIBBON

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 Eugene R. Consalves

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.

4-1-36
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Permit Obtained 4-1-36 (P.B.)