

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29733

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Cedar</u> DISTRICT <u>1201</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EL DORADO SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EL DORADO SPRINGS, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>202 N. GRAND</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jesse</u>		b. (Middle) <u>Love</u>		c. (Last) <u>FREEMAN</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>24</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Dec 27, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING FOR SELF</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Or Knawn</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Ann Freeman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Charley Allen, Eldorado Springs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7955</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Sept 24, 1950</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M.D. Swinn, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Eldorado Springs, Mo.</u>	
23c. DATE SIGNED <u>9-25-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union City</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>		24e. REGISTRAR'S SIGNATURE <u>John W. Knawn</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Swinn</u>		24g. ADDRESS <u>Cedar</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 25, 1950</u>		FURNER'S SIGNATURE <u>Walter Swinn</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 4

Dist. File 1050-2250

Date Filed 10-4-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address 6 Donald Springs

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 this body is not embalmed, fact should be so stated above.