

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3772

State File No.

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrett life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrett 1090</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Fenne Osage Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theophil Henry</u> b. (Middle) <u>Freese</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct 30</u>
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>2 21</u>	
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	
11. BIRTHPLACE (State or foreign country) <u>Fenne Osage Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Herman Freese</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Kiederjohan</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Freese</u>	ADDRESS <u>Marthasville Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 year</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Guil arteriosclerosis</u>			<u>20 year</u>
	DUE TO (c) <u>abscessed tooth</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>abscessed tooth</u>		<u>1 week</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 April, 1951, to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>ms</u>	23b. ADDRESS <u>Marthasville Mo</u>	23c. DATE SIGNED <u>1-21-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>Dec 23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fenne Osage</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles St. Charles Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 21/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 334-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. Lightenberg</u>	ADDRESS <u>Marthasville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

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