S. No. 300
10-48

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

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12043

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 412

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 34 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2203 S. 14th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2203 S. 14th St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): ~~Lucie~~ Ludwig
c. (Last): Freed

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: May 1, 1887
9. AGE (In years last birthday): 64 — 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): locomotive engineer
10b. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): ~~Sheridan~~, Iowa, Chariton 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Freed
13b. MOTHER'S MAIDEN NAME: Mary Tapper
14. NAME OF HUSBAND OR WIFE: Isa M. Freed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ida Freed, 2203 S. 14th, St. Joseph, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Man apparently died in his sleep in his bed in his home. He has not been seriously ill, but has complained of some attacks of indigestion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4201

22. I hereby certify that I ~~attended~~ viewed the deceased from 4/16, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H F Mundy M.D. (Coroner)
23b. ADDRESS: St Joseph, Mo.
23c. DATE SIGNED: 4/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 4/19/1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Albany, Missouri

DATE REC'D BY LOCAL REG.: April 18, 1952
REGISTRAR'S SIGNATURE: Carl C. Casto 446
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed James R. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Jos

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.

State of Mo. }
County of Buch. } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12043
Local Registrar's No. 412

On this 28th day of April, 1952 before me appears Mrs. Oliver L. Freed, who, upon her oath, states that the original record of ~~birth~~ death for Oliver Lu Vic Freed ~~died~~ Apr. 1 16, 1952 in the State of Missouri, and which was filed at St. Joseph on Apr. 18, 1952 should be corrected as follows:

Item No. 3 should read Oliver ~~Ludw~~ Ludwig Freed
Instead of Oliver Luvic Freed

Item No. ____ should read ____
Instead of ____

Item No. 11 should read Chariton, Iowa
Instead of Sheridan, Iowa

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Oliver L. Freed Wife
Relationship.

2203 So. 14th St.
Present Address.

Subscribed and sworn to before me this 28th day of April, 1952.

Irene Richard Notary Public.

My Commission expires ~~My Commission Expires June 21, 1955~~

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667