

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13491

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 40

560
1

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY OR TOWN LEWISTOWN		c. LENGTH OF STAY (in this place) 12 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX		c. CITY OR TOWN LEWISTOWN 1560	
		d. STREET ADDRESS (If rural, give location) XXXXXXXXXX	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JOHN	b. (Middle) FRANCOIS	c. (Last) FREEMYER	APRIL	11,	1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 6, 1873	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) KNOX COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME JAMES M. FREEMYER	13b. MOTHER'S MAIDEN NAME ELIZABETH STRANGE	14. NAME OF HUSBAND OR WIFE MARY E. FREEMYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXX	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DAVE FREEMYER LEWISTOWN, MISSOURI

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	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.		

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) 4201
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 April 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <i>Harold J. ...</i>	23b. ADDRESS Canton Mo	23c. DATE SIGNED 4-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/14/52	24c. NAME OF CEMETERY OR CREMATORY COLONY
		24d. LOCATION (City, town, or county) (State) COLONY, MISSOURI

DATE REC'D BY LOCAL REG. 4-14-52	REGISTRAR'S SIGNATURE <i>P.W. Jennings</i>	161-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles L. ...</i>	ADDRESS LEWISTOWN, MISSOURI
----------------------------------	--	-------	--	-----------------------------

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.....

Charles L. Arnold, Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.