

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31612

State File No. ....

3854

FILED SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> | c. LENGTH OF STAY (In this place) <u>20 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardin, Missouri</u> <u>0890</u>                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>                                   |  | d. STREET ADDRESS (If rural, give location) _____   |  |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Jackie</u> b. (Middle) <u>Dean</u> c. (Last) <u>Freeman</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept 1, 1952</u> |
|--|--|

|                      |                               |   |                                       |   |   |  |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male D</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Nov. 13, 1936</u> | 9. AGE (In years last birthday) <u>15</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|--|---|---|---|

|   |  |                                   |
|---|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Wybert E. Freeman</u> | 13b. MOTHER'S MAIDEN NAME <u>Nina Irene Phillips</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---|--|-----------------------------------|

|  |                               |  |
|--|-------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>James R. Freeman</u> ADDRESS <u>2406 Overton Ave Independence, Mo</u> |
|--|-------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Terminal Broncho pneumonia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>36 hr</u> |
|   | ANTECEDENT CAUSES<br>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>transection of spinal cord, cervical</u> |  |  |
|   | DUE TO (c) _____  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>1 year</u><br><u>890 45</u>                   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|--|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT (Specify) <u>SUBMERGENCE</u> <u>HOMICIDE</u>                    | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Swimming hole</u>     | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Hardin Ray Missouri</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Aug 12, 1952 2:00 P</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Diving in swimming hole - struck head</u>       |

22. I hereby certify that I attended the deceased from Aug 26, 1952, to Sept 1, 1952 that I last saw the deceased alive on Sept 1, 1952 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

|  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| 23a. SIGNATURE <u>Richard H. Kiene</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Kansas City Mo</u> | 23c. DATE SIGNED <u>Sept 1, 1952</u> |
|--|------------------------------------|--------------------------------------|

|  |                         |  |   |
|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>9-1-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cem</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Hardin Mo</u> |
|--|-------------------------|--|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>9-1-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knipackchild Berchuding</u> ADDRESS <u>Hardin Mo</u> |
|--|---|--|

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

SEP 29 1933

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.....

*August Bonkending*

Licensed Embalmer No. *4678*

P. O. Address *Nashville, Mo.*

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.