

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32116

State File No. ....

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5372 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4138 Garfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Freeman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>8-1-1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>22</u>	IF UNDER 24 HRS. Days <u>22</u>	Hour <u>22</u>	Min. <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE FREEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE CAPIT</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA NICHOLSON (DEC.)</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Freeman</u>	ADDRESS <u>Lathrop 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerotic Heart disease</u> 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 <u>4200</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)
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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?
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22. I hereby certify that I attended the deceased from Mar. 12, 1951 to Aug. 23, 1953, that I last saw the deceased alive on Aug. 22, 1953, and that death occurred at 8:30 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald W. Worn M.D.</u>	23b. ADDRESS <u>Independence, Missouri</u>	23c. DATE SIGNED <u>8-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haynesville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-2-53</u>	REGISTRAR'S SIGNATURE <u>D.B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Mass Crunk</u>	ADDRESS <u>Cameron, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lithgow, Tenn.

**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.