

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33729
State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 225 Hynes Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luna Nursing Home 311 W. Main			
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) Ella	
		c. (Last) Freeman	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1954			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 1, 1874
		9. AGE (In years last birthday) 80	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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hoopeston, Illinois
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benj. R. Wescott		13b. MOTHER'S MAIDEN NAME Ella Jane Langel	14. NAME OF HUSBAND OR WIFE Milton Moores Freeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clair Freeman, West Plains, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROSIS, GENERALIZED YEARS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HEART DIS 1 YEAR DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION + SENILE PSYCHOSIS 3 MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4000	
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)	
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 <u>7-19, 1954</u> to <u>10-17, 1954</u> , that I last saw the deceased alive on <u>10-17, 1954</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jack N. Wiley, M.D.		23b. ADDRESS West Plains, Mo.	
		23c. DATE SIGNED 10-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24d. LOCATION (City, town, or county) (State) West Plains, Mo.
DATE REC'D BY LOCAL REG. 10-21-54	REGISTRAR'S SIGNATURE Beatrice Cook	379-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Plains, Mo.

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

Hal Thompson

Licensed Embalmer No.

3408

P. O. Address

W. Plains

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.