

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34492

0550
1

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

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 5144		Registrar's No. 76			
1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY GREENE LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give town) LOGAN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN LOGAN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: LOGAN, MISSOURI				e. STREET ADDRESS (If rural, give location) LOGAN, MISSOURI				0550	
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle)		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 AUGUST 16, 1855		9. AGE (In years last birthday) 99	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME		11. BIRTHPLACE (City and State or Foreign Country) GEORGIA		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOHN WESLEY RHODES			13b. MOTHER'S MAIDEN NAME CALLIE STEWART			14. NAME OF HUSBAND OR WIFE WIDOWED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME FRANCES SUDDETH LOGAN, MISSOURI				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage								10 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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)		331 X			
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 10-7, 1954, to 10-17, 1954, that I last saw the deceased alive on 10-17, 1954, and that death occurred at 2:55A, m., from the causes and on the date stated above.									
23a. SIGNATURE V. J. Robinson				23b. ADDRESS D.O. + Marionville, Mo		23c. DATE SIGNED 10-18-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 19-54		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY		24d. LOCATION (City, town, or county) (State) CHRISTIAN CO., MISSOURI			
DATE REC'D BY LOCAL REG. 10-20-1954		REGISTRAR'S SIGNATURE Cra Mc Natt			25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. Springfield, Mo.				

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.....
Signature of Student Embalmer

Signed.....
May A. Howard

Licensed Embalmer No. 40

P. O. Address.....
Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.