

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38126

State File No.

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Gideon (Anderson)</u>		c. CITY OR TOWN <u>Gideon (Anderson)</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Matilda</u>	c. (Last) <u>Freeman</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11 13 54</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-17-1886</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>	IF UNDER 1 WEEK Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newt Meriott</u>	13b. MOTHER'S MAIDEN NAME <u>Rosie Lea Myers</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred R. Freeman</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>Nathan Freeman</u>	ADDRESS <u>Peach Orchard, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>
	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"/>
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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) _____	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 Aug 4, to Nov 13, 1954, that I last saw the deceased alive on 8-30, 1954, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Hopkins, M.D.</u>	23b. ADDRESS <u>Biden, Mo.</u>	23c. DATE SIGNED <u>11/19/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-54</u>	REGISTRAR'S SIGNATURE <u>Mrs J. G. Hopkins</u>	458-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott Ark</u>	ADDRESS _____
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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

Dulie Rex Tate

working under my personal supervision.

Student Embalmer No. *519*

Signed... *Dulie Rex Tate*
Student Embalmer

Signed... *Lloyd Fussie*

Licensed Embalmer No. *509-416*

P. O. Address *Liggott, Ark*

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.