

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12545

State File No.

FILED MAY 2 1955

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 429 Registrar's No. 13

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| 1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLD MONROE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mon OLD MONROE MO</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0570</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>FREESE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, '55</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>married</u> | 8. DATE OF BIRTH <u>2-22-1864</u> | 9. AGE (In years) (last birthday) <u>91</u> | IF UNDER 1 YEAR Months Days | IF UNDER 100 Hrs. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>RED-OLD MONROE</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>HENRY FREESE</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARIE HASEMEIER</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louise Freese</u> | |
| 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 ADDRESS <u>Wm Freese - Old Monroe, 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>Hyperensive Cardiovascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro Sclerotic Head Disease</u> | | |
| | DUE TO (c) <u>Senescence & Dehydration</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 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 3 Apr 1955, to 14 Apr 1955, that I last saw the deceased alive on 14 Apr 1955, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

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|--|--------------------------|---|---|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Kene J. DuMontier M.D.</u> | | 23b. ADDRESS <u>7110x, Mo.</u> | | 23c. DATE SIGNED <u>20 Apr</u> |
| 24a. BIRTH, ORIGIN (Date and place of birth) | 24b. DATE <u>2-27-55</u> | 24c. NAME OF CEMETERY OR INTERMENT PLACE <u>St. Paul's R+R.</u> | 24d. LOCATION (City, town, or county) (State) <u>old Monroe, Mo</u> | |

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| DATE REC'D BY LOCAL REG. <u>4-30-55</u> | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. Elsberry</u> | ADDRESS |
|---|---|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

570
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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

Paul K. ...

Licensed Embalmer No. 4012

P. O. Address

Elberry, 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.