

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13250  
Serial File No.

1623  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1623</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MO.</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FANNIE</u>		b. (Middle) <u>CAROL</u>		c. (Last) <u>FREEMAN</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>11</u>		(Year) <u>56</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>Aug. 23, 1883</u>	
9. AGE (In years last birthday) <u>72</u>		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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHRISTIAN Co., ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>	
13a. FATHER'S NAME <u>B. F. RICHARDS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH V. BAULOS</u>		14. NAME OF HUSBAND OR WIFE <u>AGUY FREEMAN</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 <u>MRS. EDITH TURPIN</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>711 EAST 98TH ST. KANSAS CITY, MO.</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac + respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>none</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Cerebral thrombosis</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS				Interval between onset and death <u>1 month</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>10 years</u>	
19a. DATE OF OPERATION <u>none</u>		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>3/1</u> , 19 <u>56</u> , to <u>4/11</u> / <u>56</u> , that I last saw the deceased alive on <u>4/11</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Antry</u> (Degree or title)				23b. ADDRESS <u>DO 4449 Loop Parkway</u>		23c. DATE SIGNED <u>4/11/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Deloconis</u> ADDRESS <u>1931 BASH CREEK KANSAS CITY, MO.</u>			

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.....  
Signature of Student Embalmer

Signed *Albert J. Savage*.....  
Licensed Embalmer No. *481*.....

P. O. Address *Tampa, Fla.*

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.