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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

FILED JUN 4 1956

State File No. 12114

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Monroe</u> <u>0690</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> Rural <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX XXXXXXXXXXXXX</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Aubrey</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Freeman</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>5</u> <u>24</u> <u>56</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-26-1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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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>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Madison, Mo R R 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Robert Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane LeGrande</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Ragsdale</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Aubrey Freeman</u> ADDRESS <u>Madison, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <u>4201</u>	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>did not see</u>
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22. I hereby certify that I attended the deceased from 5-24-1956, to 5-24-1956, that I last saw the deceased alive on 5-24-1956, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Barnett M.D.</u> (Degree or title)	23b. ADDRESS <u>Paris, Mo.</u>	23c. DATE SIGNED <u>5-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>burial</u>	24b. DATE <u>5/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>Holiday</u>
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DATE REC'D BY LOCAL REG. <u>5-29-56</u>	REGISTRAR'S SIGNATURE <u>Elsie Robertson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u> ADDRESS <u>Madison</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

710

MS SEP 27 1960

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

Mr. Fred A. Hanson

Licensed Embalmer No.

3282

P. O. Address

Madison

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.