

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1726**

FILED JAN 28 1957

Registration District No. **82** Primary Registration District No. **3017** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>COOPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BOONVILLE</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BLACKWATER</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH</b> Length of stay in 1b <b>6-WK</b>		d. STREET ADDRESS <b>GEN-DEL</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>EDWARD - ALFRED - FREEMAN</b> First Middle Last			4. DATE OF DEATH <b>JAN 20 57</b> Month Day Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 26 - 1878</b> 78
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10. BIRTHPLACE (City and state or country) <b>BLACKWATER MO</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
12. FATHER'S NAME <b>AARON FREEMAN</b>		13. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO.	
16. INFORMANT <b>FORREST-FREEMAN</b>		17. ADDRESS <b>BLACKWATER MO</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral apoplexy</b> <b>Arterio Sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>334X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Oct 56</b> to <b>Jan 20 57</b> and last saw him alive on <b>1/20/57</b> Death occurred at <b>11-45</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. L. Decker</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Boonville Mo</b>	22c. DATE SIGNED <b>1/23/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Jan 24, 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NELSON</b>	23d. LOCATION (City, town, or county) (State) <b>NELSON MO</b>
24. FUNERAL DIRECTOR <b>MAY - PARAR</b> ADDRESS <b>814 S. PORTER</b>	25. DATE RECD. BY LOCAL REG. <b>1/23/57</b>	26. REGISTRAR'S SIGNATURE <b>De Hooper</b>	

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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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 .....  
Signature of Student Embalmer

Signed ..... *Edward H. Frueg*

Licensed Embalmer No. *49*

P. O. Address *Columbu*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.