

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mc Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkham</u>		c. LENGTH OF STAY (in this place) <u>95 yrs</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stella R.T.P. 2</u>		e. STREET ADDRESS (If rural, give location) <u>Stella R.T.P. 2</u>	

3. NAME OF DECEASED (Type or Print) <u>FREDERICK</u> a. (First) <u>FREEMAN</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 1957</u>		
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>7-31-1887</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>14</u> Hours <u>4</u> Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hill Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Marion Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Gray</u>	14. NAME OF HUSBAND OR WIFE <u>Dale Freeman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dale Freeman</u> ADDRESS <u>Stella Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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? <u>Y</u> 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) <u>4201</u>

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>2-1</u> , 19 <u>46</u> , to <u>4-14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>57</u> , and that death occurred at <u>2:00 pm.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>H. Blankenship M.D.</u>	23b. ADDRESS <u>Anderson Mo.</u>	23c. DATE SIGNED <u>4-17-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>
DATE REC'D BY LOCAL REG. <u>May 4, 1957</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill Mo.</u>

REGISTRAR'S SIGNATURE <u>O. E. Plummer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.E. Cheatham</u> ADDRESS <u>Anderson Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

1951 6 1 11:00

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 me, Student Embalmer No. ✓ working under my personal supervision..

Student ✓ Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson

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.