

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

32510

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8246

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>Greene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brookline
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in lb 15 days	d. STREET ADDRESS (If outside, give location) 31
3. NAME OF DECEASED (Type or print) First Emmett Middle Freeman Last		4. DATE OF DEATH Month Aug. Day 29, Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1913
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist	11. BIRTHPLACE (City and state or country) West Plains, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Charles Freeman		13b. MOTHER'S MAIDEN NAME Ora Page	14. NAME OF HUSBAND OR WIFE Helen Freeman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-34-7350	17. INFORMANT Address Helen Freeman Brookline, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower nephron nephrosis; 2. Pulmonary embolus; DUE TO (b) 3. Fracture of the pelvis and fracture of the left shoulder; suffered when deceased lost control of his car and it overturned on Missouri Highway FF, in DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Greene County, Missouri on Aug. 7, 1957 at about 8:15 A.M.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) SEE ABOVE	
20c. TIME OF INJURY Hour 8:15 a.m. Month, Day, Year 8-7-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 31 see above	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE see above	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank E. Taylor Coroner</i>		22b. ADDRESS 300 Clark	22c. DATE SIGNED 9-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Aug. 30th	23c. NAME OF CEMETERY OR CREMATORY Clever, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Harris		25. DATE RECD. BY LOCAL REG. SEP 3 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

SEP 18 1957
MAR 28 1958

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 *Homer W. Jantz*

Licensed Embalmer No. *3882*
P. O. Address *St. Louis*

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.