

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38845

STATE FILE NUMBER

FILED OCT 18 1957

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 179

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Benton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.				Length of stay in 1b 4 Hours		d. STREET ADDRESS (If outside, give location) Route #1	
3. NAME OF DECEASED (Type or print) First Boyce Middle Evan Last Freeman, Jr.				4. DATE OF DEATH Month 10 Day 5 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-5-1957	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 21 MRS. Days		IF UNDER 21 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sikeston, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Boyce Evan Freeman				14. MOTHER'S MAIDEN NAME Barbara Howell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Barbara Freeman, Benton, 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) Probable congenital deformity of bronchial tree immaturity DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.) 7590	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT <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 Sikeston, Mo.	
20g. COUNTY		20h. STATE					
21. I attended the deceased from 10-5-57 to 10-5-57 and last saw her alive on 10-5-57 Death occurred at 5:57 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alfred Sargeant M.D.				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 10-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-5-57		23c. NAME OF CEMETERY OR CREMATORY ?		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Hallenby Boyce-Cavan Freeman				25. DATE RECD. BY LOCAL REG. 10-11-57		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED Oct 14 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1052-220

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.....

Licensed Embalmer No.....

P. O. Address.....

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.