

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017192
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 192

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Elmer	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Truman Middle Lawrence Last Freed			4. DATE OF DEATH Month June Day 3 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24 1872		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME J. B. Freed		13b. MOTHER'S MAIDEN NAME Mary Geisinger		14. NAME OF HUSBAND OR WIFE Hinnie (Miller) Freed	
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.		17. INFORMANT Hary S. Fletcher Address Elmer 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) medullary depression			INTERVAL BETWEEN ONSET AND DEATH 6-2-58 6-3-58
DUE TO (b) Cerebral thrombosis			
DUE TO (c) Hypertensive vascular disease & arteriosclerosis			
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 checked="" 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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 COUNTY STATE	
21. I attended the deceased from 6-2-58 to 6-3-58 and last saw him alive on 6-2-58 Death occurred at 8:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE William Lesko, D.O. (Degree or title) (6-3-58)		22b. ADDRESS 2 Kirkville Ost. Hosp. Kirkville Mo		22c. DATE SIGNED 6/3/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 5 1958		23c. NAME OF CEMETERY OR CREMATORY Bell		23d. LOCATION (City, town, or county) (State) Macon County Missouri	
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24. FUNERAL DIRECTOR W. H. McCollum ADDRESS South Gifford Mo		25. DATE RECD. BY LOCAL REG. 6-5-1958		26. REGISTRAR'S SIGNATURE Doris W. Rattiff	
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(Licensed Embalmer's Statement on Reverse Side)

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
MEDICAL CERTIFICATION

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 *Clyde M. Callum*

Licensed Embalmer No. 3226

P. O. Address... South Fifford Mo

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.