

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026181  
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 331

FILED AUG 7 1958

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Marceline</u> 0581 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp</u> Length of stay in 1b <u>4 days</u>		d. STREET ADDRESS (If outside, give location) <u>520. W. LAKE</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Richard Clifford Freeman</u>			4. DATE OF DEATH Month Day Year <u>7-15-1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 21 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police - Work</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Municipal</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>74</u> Months <u>10</u> Days <u>29</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Callao MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George H. Freeman</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Ellen Pillars</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>787-01-4526</u>	
17. INFORMANT <u>Louise Freeman</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>21</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. 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 <u>Marceline Linn MO</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>July 13, 1958</u> to <u>July 15, 1958</u> and last saw <u>per him</u> alive on <u>July 15, 1958</u> Death occurred at <u>11:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Shannon A. Haines, M.D.</u>		22b. ADDRESS <u>Marceline, MO</u>	
22c. DATE SIGNED <u>7/16/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	23d. LOCATION (City, town, or county) (State) <u>MARCELINE MO</u>
24. FUNERAL DIRECTOR <u>Wells, Libatson</u>		25. DATE RECD. BY LOCAL REG. <u>7-17-58</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All diseases in Part I must be 'casually related. Coroner cannot certify to a death due to natural causes.

330 0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 8 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..... *Harold B. Wright*  
Licensed Embalmer No. *371*

P. O. Address..... *Brookfield*

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.