. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029436
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 E. Centennial — Length of stay in 1b: 14 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage 0493 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 401 E. Centennial (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle Vard Last Freeman

4. DATE OF DEATH Month Aug. Day 31 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH July 30, 1907 **9. AGE** (In years last birthday) 51 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister & Furniture
10b. KIND OF BUSINESS OR INDUSTRY Store Owner Furniture
11. BIRTHPLACE (City and state or country) Rocky Comfort, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur A. Freeman
13b. MOTHER'S MAIDEN NAME Nora R. Boswell
14. NAME OF HUSBAND OR WIFE Lola Evelyn Allmon Freeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-38-7170
17. INFORMANT Mrs. L. Evelyn Freeman — Address Carthage

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 5 mos. +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 154X
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 ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/3/58, to 8/30/58 and last saw him alive on 8/30/58
Death occurred at 5:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Russell Smith (Degree or title) M.D.
22b. ADDRESS Carthage, Missouri
22c. DATE SIGNED 9-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-3-58
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Missouri

24. FUNERAL DIRECTOR The Ulmer Funeral Home **ADDRESS** Carthage
25. DATE RECD. BY LOCAL REG. 9-2-58
26. REGISTRAR'S SIGNATURE Elly Clinton

(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.

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VS OCT 15 1959

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 Elwin C. Elmer Jr.

Licensed Embalmer No. 4955

P. O. Address Carthage

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.