

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047321
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage 0493</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>401 C. Centennial</u>		d. STREET ADDRESS (If outside, give location) <u>401 C. Centennial</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lola Evelyn Freeman</u>		4. DATE OF DEATH Month Day Year <u>Dec. 23, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 12, 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Leann, Mo.</u>
13a. FATHER'S NAME <u>Joshua Uelman</u>		13b. MOTHER'S MAIDEN NAME <u>Eldora Curry</u>	14. NAME OF HUSBAND OR WIFE <u>C. V. Freeman</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>none</u>	17. INFORMANT Address <u>Eldon Freeman Carthage, Mo.</u>
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>Carbon Monoxide Poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Approx 2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>8910</u> <u>15</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Pulmonary tests - showed high carbon monoxide concentration in blood</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>has cleaning inside of car but motor running in garage at home with hood closed - had cleaning rag in hand motor had been turned off but pulmonary tests showed fatal CO concentration.</u>		
20c. TIME OF INJURY <u>2:20 hrs p.m. 12-23-58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage at home</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Carthage</u>		COUNTY <u>Jasper</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>did not attend</u> and last saw her/him alive on _____ Death occurred at <u>approximately 3:30 to 4:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Elmer J. Hurst</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>Box 1000, Jasper County, Mo. and Auto Bldg. Joplin Mo.</u>	
22c. DATE SIGNED <u>2-11-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-27-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wark Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
24. FUNERAL DIRECTOR <u>Elmer J. Hurst</u> ADDRESS <u>Home, Carthage</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 13, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Elmer J. Hurst</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

W.W. HURST

FEB 17 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 *Edwin L. Brown*

Licensed Embalmer No. *1255*

P. O. Address *Chicago*

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.