

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004388

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 44

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ladonia</b> 0040 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ote</b> Middle <b>Freels</b> Last <b>Freels</b>	4. DATE OF DEATH Month <b>2</b> Day <b>16</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-30-1868</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Audrain County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jerry Freels</b>	13b. MOTHER'S MAIDEN NAME <b>Ramey</b>	14. NAME OF HUSBAND OR WIFE <b>May Freels</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Mrs. May Freels--Ladonia, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c); PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Degenerative Myocarditis</b> <b>congestive heart failure</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2-12-59</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) **II Generalized Arteriosclerosis**  
DUE TO (c) **4221F**

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.) <b>Fractured left hip 1-28-59 at home - slipped on yard</b>
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20c. TIME OF INJURY Hour <b>9-15</b> Month <b>2</b> Day <b>28</b> Year <b>59</b> a.m. <b>7-15-59</b> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Ladonia</b>	COUNTY <b>Audrain</b>	STATE <b>Mo</b>
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21. I attended the deceased from <b>Jan 27-59</b> to <b>2-16-59</b> and last saw him alive on <b>2-16-59</b> Death occurred at <b>2-16-59</b> <b>8</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Harry F O'Brien M.D.</b>	22b. ADDRESS <b>Mexico, Missouri</b>	22c. DATE SIGNED <b>2-18-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-18-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ladonia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Ladonia, Missouri</b>
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24. FUNERAL DIRECTOR <b>William Dienhoff Ladonia, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb-18-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blenche Neely</b>
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(Licensed Embalmer's Statement on Reverse Side)

ALL diagnoses (Part I) must be causally related.  
 HARRY F. O'BRIEN, M.D.  
 MEDICAL CERTIFICATION  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1201  
Embalmers  
No. 213

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. 3820  
P. O. Address Perry, 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.