Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004436
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 15 Primary Registration District No. 5070 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Milford twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt #4, Lamar Length of stay in 1b 4 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Williamson
c. CITY OR TOWN Marion 8120 Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Monroe Last Freedle
4. DATE OF DEATH Month Feb. Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH May 17, 1872
9. AGE (In years last birthday) 86 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) Holiness Minister
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Greenfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Baptist Freedle
13b. MOTHER'S MAIDEN NAME Mather Divine
14. NAME OF ~~HUSBAND OR~~ WIFE deceased Florence Freedle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Bertha Fanning; Address Route #4 Lamar, Mo.

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) Gastro-Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) C.U.D.
DUE TO (c) 578X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous spells of vomiting & passing blood for sometime
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 Dec. 17, 1958, to Feb. 8, 1959 and last saw him alive on Feb 6, 1959
Death occurred at 4:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ben T. Bickel, M.D. (Degree or title)
22b. ADDRESS Lamar, Mo.
22c. DATE SIGNED 2/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 11, 1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Corry Cemetery
23d. LOCATION (City, town, or county) Dade County (State) Mo.

24. FUNERAL DIRECTOR J. C. Canada; ADDRESS Greenfield, Mo.
25. DATE RECD. BY LOCAL REG. FEB 14 '59
26. REGISTRAR'S SIGNATURE Marie Konant

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 25 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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.