

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010146
STATE FILE NUMBER

APR 15 1959

Registration District No. 206

Primary Registration District No. 5751

Registrar's No. 24

300
1-57 1

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Michaels Twnsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fredericktown, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2 Fredericktown, Mo.			Length of stay in lb. 65 yrs.		d. STREET ADDRESS Route 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ruth Middle Ann Last Freeland				4. DATE OF DEATH Month April Day 8 Year 1959					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 6, 1874		9. AGE (In years at birthday) 85 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Irondale, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John B. Means			13b. MOTHER'S MAIDEN NAME Mary E. Bowers			14. NAME OF HUSBAND OR WIFE Nicholas J. Freeland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Rudolph Lashley, Fredericktown, M				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic acid poisoning							INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic cholecystitis & cholelithiasis			DUE TO (c) 584X				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.)						
20c. TIME OF INJURY Hour 5:00 Month, Day, Year 4/8/59 a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 Fredericktown Mo		COUNTY Madison		STATE Mo		
21. I attended the deceased from 4/8/59 to 4/8/59 and last saw her/him alive on 4/7/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. Grooms (Degree or title) MD				22b. ADDRESS Fredericktown Mo			22c. DATE SIGNED 4/9/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/10/59		23c. NAME OF CEMETERY OR CREMATORY Ashlock Cemetery		23d. LOCATION (City, town, or county) (State) Madison County, Mo.			
24. FUNERAL DIRECTOR Na'im Funeral Home, Address Fredericktown, Mo.				25. DATE RECD. BY LOCAL REG. 4-9-1959		26. REGISTRAR'S SIGNATURE Bronce Hicks			

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 I must be causally related.

JUL 16 1959

FILE NO. 452-24
AUG 13 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 *Charles M. [Signature]*

Licensed Embalmer No. 4852

P. O. Address *Fredricktown, [Signature]*

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.