

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH.

59-011966

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 63

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Benton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Delta Comm. Hosp. INSTITUTION		d. STREET ADDRESS (If outside, give location) Route #1	
Length of stay in lb 7 Hrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle BELLE Last FREEMAN			4. DATE OF DEATH Month 3 Day 28 Year 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 5 1933	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (City and state or country) BENTON, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME THOMAS A, STEWART	13b. MOTHER'S MAIDEN NAME MARY CRUSE	14. NAME OF HUSBAND OR WIFE ODIS FREEMAN
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ODIS FREEMAN	Address BENTON, MO.
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Cerebral aneurysm.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330x		19. WAS AUTOPSY PERFORMED? 3 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <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 SCOTT COUNTY	STATE MISSOURI
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. M. Parks M.D.	(Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 3-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 1 1959	23c. NAME OF CEMETERY OR CREMATORIAL HOME GARDEN FORREST HILLS MEMORIAL	23d. LOCATION (City, town, or county) (State) MORLEY, MO.
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24. FUNERAL DIRECTOR Earl Smith	ADDRESS ORAN, MO.	25. DATE RECD. BY LOCAL REG. 4-9-59	26. REGISTRAR'S SIGNATURE Miss Ella Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

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. 2676.....
P. O. Address Oren, 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.