

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 17 1960

=60-020492

Registration District No. 297 Primary Registration District No. 6023 Registrar's No. 63

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Twp</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>HARDIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RAY COUNTY MEMORIAL HOSP.</u>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>-</u> Last <u>FREEMAN</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>5</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 3, 1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FEDERAL FARMING</u>		11. BIRTHPLACE (City and state or country) <u>CARROLL COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>W. H. FREEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>HULDA DEMINT</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGIA 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>500-09-6235</u>		17. INFORMANT Address <u>GEORGIA FREEMAN - HARDIN, 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>Carcinoma of stomach</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. _____	Month, Day, Year						
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		COUNTY	STATE	
21. I attended the deceased from <u>12-28-58</u> to <u>5-5-60</u> and last saw ^{her} him alive on <u>5-5-60</u> Death occurred at <u>12:30</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. G. Cozier, MD</u>				22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>5-7-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HARDIN, MO CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HARDIN, Mo.</u>			
24. FUNERAL DIRECTOR <u>KNIPSCHILD BORCHARDING - HARDIN, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS DEC 23 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed August Borchert

Licensed Embalmer No. ~~408~~ 46

P. O. Address Hardin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.