

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021747

Registration District No. 169

Primary Registration District No. _____

Registrar's No. 21

STATE FILE NUMBER

AMENDED

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY KNOXS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY KNOXS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 1/2 Mi SW La Belle		c. CITY OR TOWN 3 1/2 Mi SW LaBelle	
Length of stay in lb 23 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOHN VIRGIL FREEMAN			4. DATE OF DEATH June 12, 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 31 Mar 1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Newark, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jasper Newton Freeman		13b. MOTHER'S MAIDEN NAME Anna M. White	
14. NAME OF HUSBAND OR WIFE Ila Lee Scott Freeman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. John V. Freeman LaBelle, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease grade II with myocardial infarction 16 mbr. ago.			INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
DUE TO (b) Generalized arteriosclerosis			10 yrs.
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"/> No <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.)
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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 Edina	COUNTY Missouri	STATE
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21. I attended the deceased from Oct. 17th 1955 to June 12th 1961 and last saw him alive on May 1st 1961 Death occurred at 8:00 a.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) Francis Tandydas M.D.	22b. ADDRESS Edina Missouri	22c. DATE SIGNED June 13th 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 14 June '61	23c. NAME OF CEMETERY OR CREMATORY LaBelle Cemetery
23d. LOCATION (City, town, or county) LaBelle, Missouri	(State)	

24. FUNERAL DIRECTOR ADDRESS HUDSON-RIMER FUNERAL HOME Edina, Mo	25. DATE RECD. BY LOCAL REG. June 14-1961	26. REGISTRAR'S SIGNATURE J. L. Hunter
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 20 1961

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. 610
working under my personal supervision.

Student James W. Pinner
Signature of Student Embalmer

Signed A. G. R. Pinner

Licensed Embalmer No. 5041

P. O. Address Edina, Minn.

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.