

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

277-61-030270

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 277

AMENDED

FILED SEP 5 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 20 years	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 North Grand Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MOLLIE FRANCES FREUND			4. DATE OF DEATH Month Day Year August 30, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1886
9. AGE (last birthday) 74		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Leslie Hill	
13b. MOTHER'S MAIDEN NAME Dora Bishop		14. NAME OF HUSBAND OR WIFE Mert Freund, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXXXXXXXX		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Sedalia, Mo. Mrs. Lillie Schumaker, 527 North Grand
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 Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Accident DUE TO (c) Hypertension + Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 10 min 10 Months 6-7 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Obesity			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
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 9-13-57 to 7-10-61 and last saw her <u>alive</u> on 7-10-61 Death occurred at 1:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald K. Kirby M.D.		22b. ADDRESS 814 W. 16th Sedalia, Mo.	22c. DATE SIGNED 9-1-61
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/2/1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Sham Ewing	ADDRESS Sedalia, Missouri	25. DATE RECD. BY LOCAL REG. 9-2-1961	26. REGISTRAR'S SIGNATURE Luanne Shelby

SEP 18 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. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.