MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-020425

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 253

FILED JUN 7 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	7005		
2	7005		
3			
4	1		
5	1		
6			
7	1		
8	0		
9	332X		
10			
11			
12	90-0		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1215 S. Osage — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1215 S. Osage — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: Vivia Last: Freeman

4. DATE OF DEATH: Month: May Day: 30 Year: 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-1-1887

9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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): South Dakota

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: A. V. Davis

13b. MOTHER'S MAIDEN NAME: Barbara Ann Bodie

14. NAME OF HUSBAND OR WIFE: Carl B. Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of servi): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lillian Morris Address: Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebro-Vascular Atherosclerosis — years
DUE TO (c): age

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-26-63, to 5-28-63 and last saw her/him alive on 5-28-63

Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ivan P. Lloyd MD

22b. ADDRESS: 110 E Alton, Ind., Mo

22c. DATE SIGNED: 6-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 4, 1963

23c. NAME OF CEMETERY OR CREMATORY: Mound Grove

23d. LOCATION (City, town, or county): Independence (State): Mo.

24. FUNERAL DIRECTOR: Roland R. Speaks ADDRESS: Indep. Mo.

25. DATE RECD. BY LOCAL REG.: 6-4-63

26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Wayne Smith

Signature of Student Embalmer

Licensed Embalmer No. 5081

P. O. Address Lindy 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.