

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **139**

No. 300
10-48

FILED JAN 22 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5044		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY OR TOWN Washburn		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Armstrong Nursing Home				e. STREET ADDRESS (If rural, give location) RFD (Washburn Two)			
3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) - c. (Last) Freed			4. DATE OF DEATH (Month) (Day) (Year) 1 16 57				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 2-16-1874	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 11 Days 0		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Benton County, Ark.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Freed			13b. MOTHER'S MAIDEN NAME Margaret Green		14. NAME OF HUSBAND OR WIFE Vesta Freed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John Freed, Neosho, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure DUE TO (c) Retention II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan. 1, 1957 , to Jan. 16, 1957 , that I last saw the deceased alive on Jan. 16, 1957 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry H. Salyer M.D. (Degree or title)				23b. ADDRESS Cassville Mo.		23c. DATE SIGNED Jan 17-1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-57		24c. NAME OF CEMETERY OR CREMATORY King-Roller Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Mo.	
DATE REC'D BY LOCAL REG. 1-18-1957		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Williams		ADDRESS Williamson Chapel, Cassville, Mo.	

NO. 157-11

DATE REC. 1-21-57

JAN 21 1957

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: *Ray E. Williamson*

Licensed Embalmer No. 4883

P. O. Address Cassville

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.