

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36192**  
1316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>115 South 20th</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b> b. (Middle) <b>W.</b> c. (Last) <b>Freeland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 18, 1867</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John W. Freeland</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah McClintock</b>	14. NAME OF HUSBAND OR WIFE <b>Victoria Freeland</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Victoria Freeland</b>	ADDRESS <b>115 So. 20th St. Joseph</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 HRS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RUPTURE OF ABDOMINAL AORTA WITH RETROPERITONEAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>ARTERIOSCLEROSIS, GENERAL</b> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>A</b>		<b>45700</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11/17/50**, 19\_\_\_\_, to **11/18/50**, 19\_\_\_\_, that I last saw the deceased alive on **11/17/50**, 19\_\_\_\_, and that death occurred at **3:45 a. m.**, from the causes and on the date stated above.

22a. SIGNATURE <i>[Signature]</i>	(Describe or title)	23b. ADDRESS <b>706 Frances St. Joseph, Mo.</b>	23c. DATE SIGNED <b>11-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 18, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Freeland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Nov. 24, 1950</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DECA 1950

Dr. W. W. Conkle

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 .....  
Student Embalmer

Signed *William Spalting*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th St. Joseph, 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 this body is not embalmed, fact should be so stated above.