

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15160**
Registrar's No. **1188**

No. 300
10-48

XC 526 004
REG. # 101,758
FILED MAY 9- 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY ST. LOUIS	b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BRKS., MO.	a. STATE MISSOURI	b. COUNTY Boone
c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM HOSPITAL		d. STREET ADDRESS (If rural, give location) 1214 E. ASH	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) M.	c. (Last) FREELAND	4. DATE OF DEATH (Month) (Day) (Year) MAY 2, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-18-92	9. AGE (In years last birthday) 60	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK'S HELPER	11. BIRTHPLACE (City and State or Foreign Country) SILVER MINES, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NICHOLAS J. FREELAND	13b. MOTHER'S MAIDEN NAME MARTHA BUTLER	14. NAME OF HUSBAND OR WIFE HATTIE FREELAND (WIFE)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT	16. SOCIAL SECURITY NO. 492-10-5924	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS. MO.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE VASC. DISEASE DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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?

22. I hereby certify that I attended the deceased from 4-30-1952, to 5-2-52, 19, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

22a. SIGNATURE <i>N. H. Zeller</i> N. H. ZELLER, MD	23b. ADDRESS VAH, JEFF. BRKS. MO.	23c. DATE SIGNED 5-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-6-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI

DATE REC'D BY LOCAL REG. 5-5-52	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. H. ...</i>	ADDRESS 6074 1/2 S Broadway
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5W (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
Student Embalmer

Signed Harry J. Schomacher

Licensed Embalmer No. 2679

P. O. Address 2814 Broadway

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.