

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17569**

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **131**

883
1

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Renick <i>Dist D</i>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Allen c. (Last) Freeman		4. DATE OF DEATH (Month) (Day) (Year) May 27 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 21-1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 Months 0 Days 7 If under 18 hrs. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William B. Freeman		13b. MOTHER'S MAIDEN NAME Helen B. Potter	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
17. INFORMANT'S SIGNATURE OR NAME Wm B Freeman		ADDRESS Renick Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest <i>unknown cause</i> ANTECEDENT CAUSES Suddenly died in office before any Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) epubimination or treatment given Had been treated for tonsillitis 2 days before had cotton wool and played prior to death. 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 493 x	
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 <i>and interment since birth</i> from 23 May , 1952, to 27 May , 1952, that I last saw the deceased alive on 27 May , 1952, and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. D. Clute M.D. (Degree or title)		23b. ADDRESS 208 1/2 N 4th Moberly, Mo.	
23c. DATE SIGNED 28 May 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-52	
24c. NAME OF CEMETERY OR CREMATORY Sunset M. Gardens		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 5-29-52		REGISTRAR'S SIGNATURE Leah Freeman 269	
25. FUNERAL DIRECTOR'S SIGNATURE Mahar and Sew		ADDRESS Moberly, Mo	

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 Frankie B. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly 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.