

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23997**

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5307** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b> <i>Morgan Sup.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville-Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville-Rural</b> <b>0260</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs Anna</b> b. (Middle) <b>Barbara</b> c. (Last) <b>Freshley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-18-52</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 20 1868</b>		9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b> IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Near Lohman, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
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13a. FATHER'S NAME <b>Henry Kirchner</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Rockelman</b>		14. NAME OF HUSBAND OR WIFE <b>John Freshley</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Edmond Heinrich Russellville, Mo</b> 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>				<b>10 yr</b>	
		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 <b>445 X</b>		20. AUTOPSY? YES <input 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)		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 **Nov**, 19 **41**, to **July 16**, 19 **52**; that I last saw the deceased alive on **July 16**, 19 **52**; and that death occurred at **12:00 am** from the causes and on the date stated above.

23a. SIGNATURE <b>E. M. Eberhart</b> (Degree or title) <b>D. A.</b>		23b. ADDRESS <b>Russellville</b>		23c. DATE SIGNED <b>7/18/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St John's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Lohman, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>July 18</b>		REGISTRAR'S SIGNATURE <b>Mrs. Minnie Hittman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis N. Schubert</b> ADDRESS <b>Russellville</b>	
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MAY 28 1958

MAY 15 1963

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. 2874

working under my personal supervision.

Student .....  
Student Embalmer

Signed Hugh N. Schubert

Licensed Embalmer No. 2470

P. O. Address Russellville 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.