

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024894
STATE FILE NUMBER

FILED AUG 1 1958 Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Chariton</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>BRUNSWICK-TWP.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> 0880 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>H.M.W. Keytonville Minutes</i> Length of stay in lb <i>9</i>		d. STREET ADDRESS (If outside, give location) <i>RFD #2</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>JAMES WILLIAM FREEMAN</i> First Middle Last			4. DATE OF DEATH <i>July-25-1958</i> Month Day Year		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec-22-1942</i> Day Month Year		
9. AGE (In years last birthday) <i>15</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Moberly Mo.</i>	
100. KIND OF BUSINESS OR INDUSTRY <i>-</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph Freeman</i>	
14. MOTHER'S MAIDEN NAME <i>Evelyn Rutledge</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Evelyn Noah Moberly Mo</i> Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Burned to Death</i>			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Collision between truck + car, in which car burned.</i>	
20c. TIME OF INJURY <i>8:30 p.m.</i> Hour Month, Day, Year <i>7-25-58</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, arm, factory, street, office bldg., etc.) <i>Highway #24, W of Keytonville Highway #24</i>	
20f. CITY, TOWN, OR LOCATION <i>Chariton</i> COUNTY <i>MO.</i> STATE <i>MO.</i>	
21. I attended the deceased from <i>8:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>H.D. Shurtliff Coroner of Chariton County</i>		22b. ADDRESS <i>Keytonville Mo</i>		22c. DATE SIGNED <i>7/27/1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July-27-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Elliott Grove Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Brunswick Mo.</i>		23e. STATE <i>MO.</i>			

24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i> ADDRESS <i>Moberly Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>July 30-1958</i>		26. REGISTRAR'S SIGNATURE <i>M. Boone, No. 101 Deputy</i>	
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
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 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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
R. M. Carter

Licensed Embalmer No. *414*

P. O. Address *Merby*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.