

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 10 1950

State File No. 11774

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>6268</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <del>#####</del> <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 1 Niangua, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 1 Niangua, Mo.</u>		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>#####</del>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Niangua, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Freeman</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>17</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mch. 31, 1876</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Margret A. Bass</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda Freeman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margret Fravel, Springfield, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial obstructions</u> DUE TO (c) <u>no</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>446X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEKIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u>			
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? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>FEB 1 - 1950</u> , to <u>FEB 17, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. F. Schriber M.D.</u>				23b. ADDRESS <u>Niangua, Mo.</u>		23c. DATE SIGNED <u>3-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>10 mi. from Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/29/50</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Dunn</u>		ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 8 1950

District Health Office No. 6,

District File Number 450-423

Date Filed 4-8-50

**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.

Signed H. I. McCann

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 7727

P. O. Address Springfield 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.