

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 973

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5549 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Rural Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #5		d. STREET ADDRESS R. F. D. #5	

3. NAME OF DECEASED a. (First) George b. (Middle) William c. (Last) Freeman			4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH May 2, 1876	9. AGE (In years, months, days) 72 8 29	10. USUAL OCCUPATION (Give kind of work done during most of year, kind of work if retired) Farm laborer
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Pettis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Freeman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Kathryn Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs George Breeman ADDRESS Fayette, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
19. DATE OF OPERATION			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 from Feb 1, 1951, to Feb 1, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Mr. J. Shaw, M.D. (Degree or title) 23b. ADDRESS Fayette, Mo. 23c. DATE SIGNED 2-3-51

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 2/3/51 24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery Fayette, Mo 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2-3-51 REGISTRAR'S SIGNATURE Mary K. Shell 25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo

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

RECEIVED 2-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-8-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.