

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4028

BIRTH NO. _____		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>5163</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and township) <u>Wainwright, Mo</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and township) <u>Wainwright, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile East of town.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile East of town</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mile East of town.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gold</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Freeman</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		<u>Feb</u>		<u>26</u>		<u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 31, 1874</u>			
9. AGE (In years last birthday)		If under 1 year		If under 1 year		If under 1 year			
<u>76</u>		Months <u>8</u>		Days <u>25</u>		Hours <u></u>			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Centertown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William J. Weaver</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Weaver</u>			14. NAME OF HUSBAND OR WIFE <u>C. C. Freeman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Freeman</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>General Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u> <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>Feb 19, 1951</u> , to <u>Feb 26, 1951</u> , that I last saw the deceased alive on <u>Feb 26, 1951</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. M. Rusk M.D.</u>				(Degree or title)		23b. ADDRESS <u>New Bloomfield Mo</u>			
23c. DATE SIGNED <u>2/28/51</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 28, 51</u>		REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Lewis</u>					
				ADDRESS <u>20 1/2</u>					

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 6 1951

RECEIVED

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.....
Student Embalmer

Signed *Raymond N Martin*

Licensed Embalmer No. *4150*

P. O. Address *Jefferson City, 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.