

# STANDARD CERTIFICATE OF DEATH

State File No. **24089**  
Registrar's No. **1820**

**FILED AUG 8 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3054**

883  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
d. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salisbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>So Broadway</b>	

**0210**  
**1**

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Preston</b> c. (Last) <b>Freeman</b>			4. DATE OF DEATH (Month) <b>7-</b> (Day) <b>26-</b> (Year) <b>1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb-21-1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MINS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXX</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John C Freeman</b>	13b. MOTHER'S MAIDEN NAME <b>Martha S Callison</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Warson Freeman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>XXXX</b>	16. SOCIAL SECURITY NO. <b>XXXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Freeman</b> ADDRESS <b>Salisbury Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 **July 26, 1951**, to **July 26, 1951**, that I last saw the deceased alive on **July 26, 1951**, and that death occurred at **9:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William J. ...</b> (Degree or title)	23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>July 28, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-29-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salisbury Chariton Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-29-51</b>	REGISTRAR'S SIGNATURE <b>Seal Bureau</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B Winkelmeier</b> ADDRESS <b>Salisbury Mo</b>
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AUG 14 1951

Date Received: AUG 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 8-51-1414  
Date Filed: AUG 7 1951

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

*Charles B. Winkelemez*  
Licensed Embalmer No. 3842

P. O. Address *Salesbury 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.