No. 300
10.48

FILED JAN 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42582

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 300

883

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

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 414 Franklin Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 414 Franklin Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Francis
b. (Middle) William
c. (Last) Freelin

4. DATE OF DEATH (Month) (Day) (Year) Dec 17th 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 7th 1883
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Letter Carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Freelin
13b. MOTHER'S MAIDEN NAME Sabina Jordon
14. NAME OF HUSBAND OR WIFE Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Mrs F. W. Freelin — **ADDRESS** Moberly 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — years
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 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10, 1950, *to* 12-17-, 1951, *that I last saw the deceased alive on* 12-17-51/19___, *and that death occurred at* 9:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Av. H. McCormick D.O.D.
23b. ADDRESS 300½ Reed St. Moberly Mo.
23c. DATE SIGNED 12-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 20th 1951
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. Dec 20-51
REGISTRAR'S SIGNATURE Leah Williams Loew
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son — **ADDRESS** Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2
Date Filed: DEC 28 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.....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Frank O. DeWitt
Licensed Embalmer No. 3021
P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.