

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

**JUN 16 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4112** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mansfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brushyknob</b> <b>0340</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mansfield Hosp.</b>		3. NAME OF DECEASED a. (First) <b>Samuel</b> b. (Middle) <b>L.</b> c. (Last) <b>Freeman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6-1-53</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>3-12-77</b> 9. AGE (in years) (last birthday) <b>76</b> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Olatha, Missouri</b> 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		13a. FATHER'S NAME <b>Henry C. Freeman</b> 13b. MOTHER'S MAIDEN NAME <b>Bettie Unknown</b> 14. NAME OF HUSBAND OR WIFE <b>Brushyknob, Mo. Velda Freeman,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b> 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cora Linder, Ava, Mo.</b> ADDRESS	
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) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 months</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 <b>331X</b> 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, 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 <b>April 10, 1952</b> , to <b>June 1, 1953</b> , that I last saw the deceased alive on <b>June 1, 1953</b> and that death occurred at <b>10:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>Newton D. Nupfel, D.O.</b>		23b. ADDRESS <b>Mansfield, Mo.</b> 23c. DATE SIGNED <b>6-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-4-53</b> 24c. NAME OF CEMETERY OR CREMATORY <b>Brushyknob</b> 24d. LOCATION (City, town, or county) (State) <b>Brushyknob, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-4-53</b>		REGISTRAR'S SIGNATURE <b>384</b> 25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard Funeral Home, Ava, Mo.</b> ADDRESS	

RECEIVED JUN 5 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 653-81  
Date Filed 6-15-53

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.