

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15121**BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **4067** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Auxvasse		c. CITY OR TOWN Auxvasse	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 years		e. STREET ADDRESS (If rural, give location) 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) ----- c. (Last) Freeman			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 29, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser in		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John H. Stewart		13b. MOTHER'S MAIDEN NAME Mary Ann Wilson		14. NAME OF HUSBAND OR WIFE Will Freeman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-12-3365		17. INFORMANT'S SIGNATURE OR NAME Leo Freeman		ADDRESS Mexico, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUPLICATE		9 hrs.	
		ANTECEDENT CAUSES		DUPLICATE			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE			
		DUPLICATE		DUPLICATE			
		II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
		Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **May 24, 1954** to **May 24, 1954**, that I last saw the deceased alive on **May 24, 1954**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. H. L. Lawrence		(Degree or title)		23b. ADDRESS Dr. H. L. Lawrence, Mexico, Mo.		23c. DATE SIGNED 5-25-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/54		24c. NAME OF CEMETERY OR CREMATORY E. Lawn Memorial Park		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
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DATE REC'D BY LOCAL REG. May 25-1954		REGISTRAR'S SIGNATURE Maritta Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUN'L HOME		ADDRESS Mexico, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-46

SEP 30 1958

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.....
Signature of Student Embalmer

Signed *Alvo Arnold*.....

Licensed Embalmer No. *35*.....

P. O. Address *Tropic*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.