

FILED FEB 9 1951

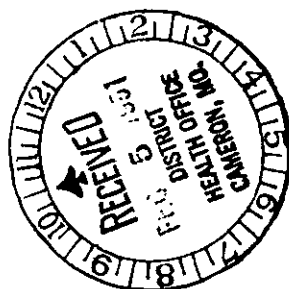
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 915

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5481		Registrar's No. 1100	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo-Rural-Wilson		c. LENGTH OF STAY (in this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo-Rural-Wilson		0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi So Laredo				d. STREET ADDRESS (If rural, give location) 3 mi So Laredo			
3. NAME OF DECEASED (Type or Print) Joel		b. (Middle) Harvey		c. (Last) Freeman		4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3 1868	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cecil Freeman		13b. MOTHER'S MAIDEN NAME Margaret Wilkerson		14. NAME OF HUSBAND OR WIFE Ida Freeman		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. None		17. INFORMANT'S SIGNATURE OR NAME Ida Freeman		18. ADDRESS Laredo Mo		19. DATE OF OPERATION None	
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) <u>Initial Myocardial</u> ANTECEDENT CAUSES <u>advanced age</u> Morbidity 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. 410X				INTERVAL BETWEEN ONSET AND DEATH 2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>myocardial</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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>Oct</u> , 19 <u>49</u> , to <u>Jan 24</u> 1951, that I last saw the deceased alive on <u>Jan 21</u> 1951, and that death occurred at <u>12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Robertson</u> (Degree or title)				23b. ADDRESS <u>Princeton Mo</u>		23c. DATE SIGNED <u>1-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/1951		24c. NAME OF CEMETERY OR CREMATORY Alpha Cemetery		24d. LOCATION (City, town, or county) (State) Laredo Mo	
DATE REC'D BY LOCAL REG. Jan 26-51		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Ed Robertson		ADDRESS Funeral Home Laredo Mo	

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

1:05 A.M. 1/24



MAR 16 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

*John M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.