

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43330
Registrar's No. 7

Registration District No. 194423

Primary Registration District No. 4154

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
So. Tony St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether in this community—years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Greenfield
(If outside city or town limits, write "RURAL")

(d) Street No. So. Tony St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Clyde Freedle

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary L. Freedle

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased October 2 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 10
If less than one day hr. min.

9. Birthplace Dade Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business Farm

12. Name Baptist Freedle

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Divine

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Freedle

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 12-29-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrs Chapel Cemetery

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Mo.

19. (a) Dec 24 1943 (b) Phyllis Lach.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1943 hour 3:30 P. A. Minute 10 M.

21. I hereby certify that I attended the deceased from June 21, 1939, to December 17, 1943, that I last saw him alive on Dec 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 5 yrs.
Duration

Due to Arteriosclerosis General 10 yrs

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. Shannon (M. D. or other) DO

Address Greenfield, Mo. Date signed Dec 24 1943

RECEIVED

JAN 2 0 1944

District Health Officer No. 6

District File Number 144-9

1-5-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Sam E. Seneaney

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.