

No. 300
10.48

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

De Ciccio 11732
State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 6556 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Godsberry Township</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Mtn. View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		• STREET ADDRESS (If rural, give location) <u>8460</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Belle</u> c. (Last) <u>FREEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-9-1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 20-1889</u>	9. AGE (In years last birthday) Months Days <u>65 7 20</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Edmond B. Hibbard</u>		13b. MOTHER'S MAIDEN NAME <u>Sophonra Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Freeman</u>	
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 ADDRESS <u>C.L. Freeman Mtn. View, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis unknown</u> 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 <u>4201</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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April 7, 1955</u> , to <u>April 9, 1955</u> , that I last saw the deceased alive on <u>April 23, 1955</u> and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Ralph DeCiccio</u>	23b. ADDRESS <u>Mtn View Mo</u>	23c. DATE SIGNED <u>4/13/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>5-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>
24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>4/14/55</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home</u> <u>Mountain View, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21

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 *Joe P. Duncan*

Licensed Embalmer No. *732*
P. O. Address *Mt. View*

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.