

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18448**

| | | | | | | | |
|--|---|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>140</u> | | PRIMARY REG. DIST. NO. <u>3024</u> | | Registrar's No. <u>55</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Mo</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong Mo</u> | | d. STREET ADDRESS (If rural, give location) <u>0450</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0450</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Freeman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1955</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 22 1887</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Levy Bradley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lydia Blake</u> | | 14. NAME OF HUSBAND OR WIFE <u>W. R. Freeman</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. R. Freeman Armstrong 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Fracture right hip (bitrochanteric)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331XF</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u> <u>17 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Armstrong (Howard) Missouri</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 9 1955 9:00 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell on floor at home</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1953, to June 26, 1955</u> , that I last saw the deceased alive on <u>June 26, 1955</u> , and that death occurred at <u>4:15 PM</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Francis J. Van Nostrand, M.D.</u> | | | | 23b. ADDRESS <u>St. Louis, Mo</u> | | 23c. DATE SIGNED <u>6-28-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 28 55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke</u> | | 24d. LOCATION (City, town, or county) (State) <u>Roanoke Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>6-26-55</u> | | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | | 436 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burton Funeral Home Higbee Mo</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1956

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

W. W. Trueman

Licensed Embalmer No. *3978*

P. O. Address *Wasson, 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.