

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27020**BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4762** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ewing, Round Grove		c. CITY OR TOWN Near Steffenville	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs		f. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ANNA ERNESTINE COLE FREEMAN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lewis Co. -	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Edward Cole	13b. MOTHER'S MAIDEN NAME William Anna Hall	14. NAME OF HUSBAND OR WIFE Willie Freeman, Ewing
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Willie Freeman	ADDRESS Ewing, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Labia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Bad Metastasis Due to (c) 176X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis			

19a. DATE OF OPERATION 6/9/54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Labia involving Jugular Veins	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)	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 **June 19, 1954** to **July 13, 1955**, that I last saw the deceased alive on **July 12, 1955** and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Waldo B. Snow	(Degree or title) M.D.	23b. ADDRESS Knox City, Mo	23c. DATE SIGNED 7/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Steffenville	24d. LOCATION (City, town, or county) (State) In town Steffenville Mo
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DATE REC'D BY LOCAL REG. 7/16/55	REGISTRAR'S SIGNATURE Dr. E. M. Luckey	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball	ADDRESS Ewing, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

