

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27668**
Registrar's No. **7309**

318

1003

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 27668		Registrar's No. 7309					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Crawford									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis City		c. LENGTH OF STAY (in this place) 1 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba		d. STREET ADDRESS (If rural, give location) 0280							
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmen DeLage Hosp				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) Cyrille			b. (Middle) Phillip			c. (Last) FLESHMAN			4. DATE OF DEATH (Month) (Day) (Year) 8-22-1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-20-1887		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 3 Days 2		IF UNDER 4 HRS. Hours 0 Min. 4 A.M.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Smelting		11. BIRTHPLACE (State or foreign country) Grundy Co., Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Amos Freshman				13b. MOTHER'S MAIDEN NAME Matiea NeRob				14. NAME OF HUSBAND OR WIFE Bertha (Hunt) Freshman					
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. 498-07-1648		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert A. Freshman, 6813 Garner St., St. Louis 10, Mo.							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PANCREAS								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid 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.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157X										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 approx. July 15, 1955 , to Aug 22, 1955 , that I last saw the deceased alive on Aug 20, 1955 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE Paul Revere (Degree or title) M.D.				23b. ADDRESS Firmen DeLage Hosp				23c. DATE SIGNED 8-22-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/24/1955		24c. NAME OF CEMETERY OR CREMATORY Kinder Park				24d. LOCATION (City, town, or county) (State) Cuba Mo.					
DATE REC'D BY LOCAL REG. AUG 22 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. ... Cuba, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

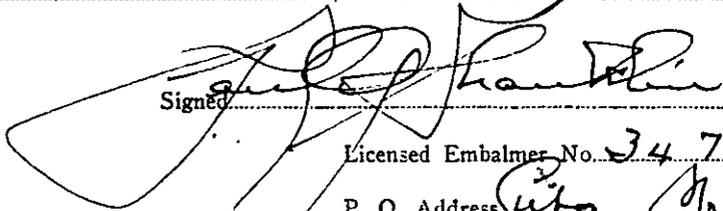
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address *W. A. N.*

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.