

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30228**

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5701</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>MOBILE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Shelbina, Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>7 Miles S. E. of Shelbina</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>LEORA</u> c. (Last) <u>FREEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>(9-8-1955)</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-23-1884</u>	
9. AGE (In years, last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-hold</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sebastin Glamser</u>			
13b. MOTHER'S MAIDEN NAME <u>Not known</u>		13c. NAME OF HUSBAND OR WIFE <u>Charley Freeman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Freeman, Shelbina, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chemia and Bilateral Pyonephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent urinary cystitis - metastatic Ca Bladder</u> DUE TO (c) <u>Primary Carcinoma of Cervix uteri</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic hepatic congestion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>5 mo.</u> <u>4 years</u> <u>5 years</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>No surgery performed 17IX.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>		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 <u>7-17</u> , 19 <u>55</u> , to <u>9-8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-8</u> , 19 <u>55</u> , and that death occurred at <u>10:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William E. Applegate, D.O.</u>				23b. ADDRESS <u>Shelbina, Mo.</u>		23c. DATE SIGNED <u>9-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina, Cemty.</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-14-55</u>		REGISTRAR'S SIGNATURE <u>Elmer Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>471- Barkelaw &amp; Hawkins</u>		ADDRESS <u>Shelbina, Mo.</u>	

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

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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. H. Hawley*  
Licensed Embalmer No. *3498*  
P. O. Address *Stellina Wis*

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.