

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27933

State File No. _____

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>204</u>		PRIMARY REG. DIST. NO. <u>2456</u>		Registrar's No. <u>221</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Randolph</u>		b. CITY OR TOWN <u>Moberly</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		c. CITY OR TOWN <u>Rural</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Sugar Creek Twp</u>		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <u>Mildred</u>		b. (Middle) <u>M</u>		c. (Last) <u>Freelin</u>		a. (Month) <u>Aug</u>	
(Type or Print)				d. (Day) <u>8</u>		b. (Year) <u>1956</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 4 - 1920</u>		9. AGE (In years last birthday) <u>35</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Isadore Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Osa Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-12-1399</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frederick Freelin</u>			
		(If yes, give war or dates of service)		ADDRESS <u>Moberly, Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post surgical shock</u>				<u>6 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, halpigenetony appendectomy</u>				<u>8 hrs</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				20. AUTOPSY? YES <input 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)		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>8-7-56</u> , 19 <u>56</u> , to <u>8-8-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>56</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>				23b. ADDRESS <u>300 1/2 Real St. Moberly MO</u>		23c. DATE SIGNED <u>8-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/10/56</u>		REGISTRAR'S SIGNATURE <u>Seabrooke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son, Moberly, Mo</u>			
				ADDRESS			

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
Signature of Student Embalmer

Signed *Raymond F. Spoma*

Licensed Embalmer No. *426*

P. O. Address *Moberly*

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.