

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26682**

S. No. 300
V. 10.48

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **266**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Henry		a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY OR TOWN Calhoun	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) 1 week		e. STREET ADDRESS (If rural, give location) R7D 2 Tebo temp. 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) DORA	b. (Middle) PINK	c. (Last) FREEMAN	(Month) (Day) (Year) Sept. 5 1956
(Type or Print)			
5. SEX Female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH Feb. 20 1909
9. AGE (In years last birthday) 47	10. USUAL OCCUPATION (If stated of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) Calhoun Missouri	12. CITIZEN OF WHAT COUNTRY? USA
10a.	10b.	11.	12.
13a. FATHER'S NAME Jack Freeman	13b. MOTHER'S MAIDEN NAME Ella Harris	14. NAME OF HUSBAND OR WIFE None	
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 Teles Freeman	
15.	16.	17.	
ADDRESS Calhoun Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous		2 years	
		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. 1562			

19a. DATE OF OPERATION 2-23-56		19b. MAJOR FINDINGS OF OPERATION Laparotomy - Carcinoma & metastasis to liver		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 June 1, 1956, to Sept 5, 1956, that I last saw the deceased alive on Sept 5, 1956, and that death occurred at 10:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. Bradshaw, M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 9-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-56		24c. NAME OF CEMETERY OR CREMATORY Lynch Oak	
24d. LOCATION (City, town, or county) (State) Windsor Mo.		25. FUNERAL DIRECTOR'S SIGNATURE SCHABERG FUNERAL HOME			
DATE REC'D BY LOCAL REG. 9-8-56		REGISTRAR'S SIGNATURE Mildred Bigum		ADDRESS Clinton Mo	

5210

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

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 F. L. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

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.