

STANDARD CERTIFICATE OF DEATH

State File No. **38185**

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5427 Registrar's No. 142

0350
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunedin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Fla</u> b. COUNTY <u>Dunedin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Independence</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kennett Mo Rural 7</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural 7</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>Clarke</u> c. (Last) <u>Freytag</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 16 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Litchfield Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Wm S. Clarke</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Whitworth</u>		14. NAME OF HUSBAND OR WIFE <u>A. L. Freytag</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. L. Freytag</u>		ADDRESS <u>Kennett Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
		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 <u>175X</u>				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) m.		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 July, 1952, to Nov 6 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George C. Hummer MD</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11/7/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Litchfield</u>		24d. LOCATION (City, town, or county) (State) <u>Litchfield Ky</u>	
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DATE REC'D BY LOCAL REG. <u>11-7-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ken F. ...</u>		ADDRESS <u>Kennett Mo</u>	
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-10-52.....
COUNTY FILE NUMBER ..1152-307..

OCT 14 1954

JUN 16 1953

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

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address *Rensselaer*

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.