No. 300
10.48

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

State File No. 44891

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 9

1030

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

**1. PLACE OF DEATH**
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (In this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 East of Bernie

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty 1030
d. STREET ADDRESS (If rural, give location): 1/2 m East of Bernie

**3. NAME OF DECEASED** (Type or Print)
a. (First): Beatrice
b. (Middle):
c. (Last): Freeman

**4. DATE OF DEATH** (Month) (Day) (Year): 12 17 53

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 11 / 19 / 07
**9. AGE** (In years last birthday): 46 — If under 1 year: Months 0, Days 18 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: House work
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Lancaster
**13b. MOTHER'S MAIDEN NAME**: Ruth Glass
**14. NAME OF HUSBAND OR WIFE**: Lora C Freeman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown): No (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: 496-20-6112
**17. INFORMANT'S SIGNATURE OR NAME**: Lora C Freeman — ADDRESS: Bernie

**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): Cancer of Bone — INTERVAL BETWEEN ONSET AND DEATH: unknown

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**: 196X
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Mar. 13, 1953, *to* Dec. 17, 1953, *that I last saw the deceased alive on* Dec. 17, 1953, *and that death occurred at* 6:32P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): T O Kelly D O
**23b. ADDRESS**: Bernie, Mo.
**23c. DATE SIGNED**: 12-23-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/19/53
**24c. NAME OF CEMETERY OR CREMATORY**: Mahden Cemetery
**24d. LOCATION** (City, town, or county) (State): Mahden Missouri

**DATE REC'D BY LOCAL REG.**: 1-5-54
**REGISTRAR'S SIGNATURE**: Velma V. Jenkins 469
**25. FUNERAL DIRECTOR'S SIGNATURE**: G R Tucker — ADDRESS: Bernie

(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 J. E. Schouman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.