

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.State File No. **19329**

BIRTH NO. _____		REG. DIST. NO. <b>179</b>		PRIMARY REG. DIST. NO. <b>5667</b>		Registrar's No. <b>70</b>							
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>									
b. CITY OR TOWN <b>Rural Bedford</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>				STREET ADDRESS (If rural, give location) <b>0570</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>CAROLINA</b>			b. (Middle) <b>CORNELIA</b>		c. (Last) <b>FREDDIE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 1955</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 17 1888</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Days <b>11</b> Hours <b>10</b>		IF UNDER 24 HRS. Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Troy Missouri 0</b>			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <b>John Carwell</b>				13b. MOTHER'S MAIDEN NAME <b>Hanna Windmier</b>				14. NAME OF HUSBAND OR WIFE <b>Ed. Freddie</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ed. Freddie</b>				ADDRESS <b>Troy Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accidents</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>331X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>psychosis senilis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b> <b>?</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <b>10/24, 1954</b> , to <b>June 28, 1955</b> , that I last saw the deceased alive on <b>June 28, 1955</b> , and that death occurred at <b>9:00 P.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Emma K. Murdock M.O.</b>						23b. ADDRESS <b>Troy, Mo.</b>			23c. DATE SIGNED <b>June 30, 1955</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 1 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Troy Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Troy Mo.</b>						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>July 2 1955 Emma B. Reddick</b>		162		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayne Mc Coy</b>				ADDRESS <b>Troy Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 16 1956

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.....

*Wayne McCoy*

Licensed Embalmer No. 35

P. O. Address *Troy M*

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.