

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29378

State File No.

No. 560
10. 48
690
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LED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5798 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence (Rural Clay)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clay Township, Monroe Co.</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clarence Mo R.F.D.</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles South West of Lentner.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Weldon</u> c. (Last) <u>Freeman, Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8, 1911</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>11</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Freeman Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Hendricks</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillian Freeman</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Freeman Clarence, Mo.</u>	ADDRESS <u>Clarence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>N³ K³</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound in head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not Known</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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Not Known</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay Twonship Monroe Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>[Title]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>9/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-28-53</u>	REGISTRAR'S SIGNATURE <u>E. Lee Robertson</u>	471 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkelaw & Hawkins</u>	ADDRESS <u>Shelbina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1969

Decomposition being too great, due to length of stay in intense heat, this body was not embalmed arterially. Ho fluid was placed on the exterior of body.

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 James D. Davis

Licensed Embalmer No. H. H. 78

P. O. Address Shelbina, Miss.

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.