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FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13251

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002 Registrar's No. 1771

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA HOSPITAL, KANSAS CITY, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS
b. COUNTY JOHNSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location) 16 NORTH MILL, KANSAS CITY, KANSAS

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) L.
c. (Last) FREEMAN

4. DATE OF DEATH (Month) APRIL (Day) 23 (Year) 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 7-13-60
9. AGE (In years last birthday) 95 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY Blacksmithing
11. BIRTHPLACE (City and State or Foreign Country) ANTIOCH, OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME GEORGE LINDSEY
13b. MOTHER'S MAIDEN NAME JANE ULUM
14. NAME OF HUSBAND OR WIFE MONTA FREEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 6-27-98 to 9-15-98
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME VAHospital Records, Kansas City, Mo ADDRESS

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) Bronchopneumonia, RLL & LLL — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensated Cardiac Disease, arterio-sclerotic
DUE TO (c) arteriosclerosis — 4500

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Renal lithiasis with chronic pyelonephritis, left

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) VA 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* March 18, 1956, *to* April 23, 1956 ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~ *and that death occurred at* 1:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. A. TURNER, M.D. (Degree or title) J. A. Turner M.D.
23b. ADDRESS VAHOSPITAL, KANSAS CITY, MO
23c. DATE SIGNED 4/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE APR. 24. 1956
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) FORT LEAVENWORTH (State) KANSAS

DATE REC'D BY LOCAL REG. 4-24-56
REGISTRAR'S SIGNATURE neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert Ray

Licensed Embalmer No. 41

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.