THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

**FILED FEB 3 1958**

**1060**
STATE FILE NUMBER

Registration District No. **137** Primary Registration District No. **55-15** Registrar's No. **706**

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
|---|---|
| a. COUNTY HENRY CO. | a. STATE MISSOURI b. COUNTY HENRY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHAWNEE — Inside Limits Yes ☐ No ☒ | c. CITY OR TOWN CLINTON, Mo. R # 1 042 — Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHAWNEE TWP. — Length of stay in 1b LIFE | d. STREET ADDRESS SHAWNEE TWP. (If outside, give location) — Reside on Farm Yes ☒ No ☐ |

| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | |
|---|---|---|---|---|---|---|
| First Howard | Middle | Last Freeman | | Month 1 | Day 27 | Year 58 |

| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH 1-3-1890 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 0 Days 24 | IF UNDER 24 HRS. Hours — Min. — |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (City and state or country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA. |

| 13. FATHER'S NAME James M. Freeman | 14. MOTHER'S MAIDEN NAME Lucy Howard |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I | 16. SOCIAL SECURITY NO. 499-42-0712 | 17. INFORMANT Dorothy Freeman | Address Clinton, Mo. R # 1 |

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Coronary occlusion | 2 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Rheumatism | 2 yrs |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

| 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
|---|---|
| 20c. TIME OF INJURY Hour __ Month, Day, Year __ a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE |

21. I attended the deceased from **1-1-56**, to **1-27-58** and last saw her/him alive on **1-27-58**. Death occurred at **8:06 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE G.G. Walker, M.D. (Degree or title) | 22b. ADDRESS 106. A. 3nd Clinton Mo | 22c. DATE SIGNED 1-28-58 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-29-58 | 23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery | 23d. LOCATION (City, town, or county) Clinton, (State) Mo. |

| 24. FUNERAL DIRECTOR Schaberg Funeral Home | ADDRESS Clinton, Mo. | 25. DATE RECD. BY LOCAL REG. 1-28-58 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1958

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student........................................................  Signed.....7 L Schaber
<u>Signature of Student Embalmer</u>

Licensed Embalmer No. 4S.

P. O. Address Clinton

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.