RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-007390

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 24

NDED

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho — Length of stay in 1b 22 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales-Memorial-Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Purdy — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Leo Middle Denton Last Freeman

4. DATE OF DEATH Month March Day 1 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 6-1876
9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D. AND FARMER.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME B. J. Freeman
13b. MOTHER'S MAIDEN NAME Juliana Harlin
14. NAME OF HUSBAND OR WIFE Amanda J. 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. 491-42-7790
17. INFORMANT Amanda J. Freeman — Address Purdy, Mo. R.F.D.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Traumatic Injury to Head + Chest
DUE TO (c) Pneumonia — Arthritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Getting hung out of horn loft and bail fell + hit him on head + knocked him across combine machine injuring chest

20c. TIME OF INJURY 9 Hour a.m. p.m. Month, Day, Year Jan 14-1960 — Did not think he was hurt too much at the time I was not knocked out but had to go to the house after the accident — Gray — negative for fractured ribs

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.) Farm Home
20f. CITY, TOWN, OR LOCATION Purdy Mo R.F.D. — COUNTY Barry — STATE Mo

21. I attended the deceased from Feb 8 - 60, to 3-1-60 and last saw her/him alive on 3-1-60
Death occurred at 7:35 A.M. 3-1-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin C. Bowman M.D.
22b. ADDRESS Neosho, Mo
22c. DATE SIGNED 3-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March-5-1960
23c. NAME OF CEMETERY OR CREMATORY Muncey Chappell
23d. LOCATION (City, town, or county) Barry Co. (State) Missouri

24. FUNERAL DIRECTOR McQueen Funeral Home — ADDRESS Wheaton Mo
25. DATE RECD. BY LOCAL REG. 3/7/60
26. REGISTRAR'S SIGNATURE Melvin C Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 29 1960

JAN 17 1963

MAR 7 1964

APR 19 1960

APR 4 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul D Heubest

Signature of Student Embalmer

Licensed Embalmer No. 4576

P.O. Address Cassville

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