

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033743

FILED VS SEP 22 1960/1

Registration District No. _____ Primary Registration District No. 5045 Registrar's No. 82

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wheaton</u>		Length of stay in lb <u>48 yrs.</u>		c. CITY OR TOWN <u>PURDY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Her Home</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or print) First <u>AMANDA</u> Middle <u>JANE</u> Last <u>FREEMAN</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (last birthday) <u>near 80 yrs.</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kentucky U.S.A</u>	
13a. FATHER'S NAME <u>Levi D. Satterfield</u>				13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW.</u>		13c. NAME OF HUSBAND OR WIFE <u>Leo D. Freeman</u>	
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>495-46-7933</u>		17. INFORMANT <u>Wendy Duncan</u> Address <u>530 Biscayne Blvd. Miami Florida</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>Old age & Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Aug 1 - 1960</u> , to <u>Sept 7 1960</u> and last saw her/him alive on <u>Sept 7 - 11 pm</u> Death occurred at <u>Sept 8 - 1960</u> <u>5 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C.W. Paor M.D.</u>				22b. ADDRESS <u>Thosks, Mo.</u>		22c. DATE SIGNED <u>9-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 13 - 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Muncey Chappell</u>		23d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>	
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, Wheaton Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-14-60</u>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 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 _____
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

P.O. Address Cassville

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.