

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 25 1962

141

VS 300
Rev. 4/59

10420

20397

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11042

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highway 7 3mi E Urich | | Length of stay in 1b none | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 7 3mi E Urich | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle Leslie Last Freeman Jr | | 4. DATE OF DEATH Month June Day 17 Year 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept 23, 1941 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY part time with father installing Dallas, Texas | |
| 13a. FATHER'S NAME Frank L. Freeman | | 13b. MOTHER'S MAIDEN NAME Mildred Henson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. unknown | |
| 17. INFORMANT Frank L. Freeman | | Address Independence, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Un Natural Cause DUE TO (b) crush injury of chest. DUE TO (c) _____ 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 | | INTERVAL BETWEEN ONSET AND DEATH immed. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Auto Accident Highway 7 3mi. East Urich | |
| 20c. TIME OF INJURY Hour 7:00 a.m. 6-17-62 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 7 - Mo. | 20f. CITY, TOWN, OR LOCATION 3mi E. Urich |
| 21. I attended the deceased from unattended , to _____ and last saw her alive on _____ Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Henry County Richard N. King M.D. Coroner | |
| 22b. ADDRESS 106 S. 3rd Clinton Mo. | | 22c. DATE SIGNED 6/17/62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 6/17/1962 | 23c. NAME OF CEMETERY OR CREMATORY Mound Grove | 23d. LOCATION (City, town, or county) (State) Independence Mo. |
| 24. FUNERAL DIRECTOR Sickman & Dunning F H | | 25. DATE RECD. BY LOCAL REG. June 18, 1962 | |
| 26. REGISTRAR'S SIGNATURE Mildred Bigum | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 17 1962

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 _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4710

P. O. Address Clinton MO

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.

Permit Obtained

6/18/62

(177.8)