

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039764

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Springs, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Willow Springs,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>LEONARD</b> <b>SETH</b> <b>FREEMAN</b>				4. DATE OF DEATH <b>Nov. 7, 1958</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 31, 1893</b>		9. AGE (In years last birthday) <b>65</b>		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				IF UNDER 1 YEAR Months <b>9</b> Days <b>6</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and state or country) <b>Douglas County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Wm. R. Freeman</b>				14. MOTHER'S MAIDEN NAME <b>Delphia Adams</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		(If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Amos Freeman Willow Springs, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cerebral hemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 da</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								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.) <b>33/X</b>				
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>										
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.) <b>farm</b>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from death occurred at <b>11:00AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								and last saw him alive on <b>11/7/58</b>		
22a. SIGNATURE <i>Wm. Burns</i>				(Degree or title) <b>3</b>		22b. ADDRESS <b>Willow Springs, Mo.</b>		22c. DATE SIGNED <b>11-10-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/9/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Ararat</b>		23d. LOCATION (City, town, or county) (State) <b>Douglas County, Mo.</b>				
24. FUNERAL DIRECTOR <b>Burns Willow Springs, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Nov 22 1958</b>		26. REGISTRAR'S SIGNATURE <i>Marshall Ballard</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

NOV 2 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

*Fred W. Barnes*  
Signed Fred W. Barnes

Licensed Embalmer No. 46

P. O. Address Willow Spr

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.