

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24795**
Registrar's No. **3597**

FILED **AUG 6 - 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 25 YRS		d. STREET ADDRESS (If rural, give location) 127 SOUTH WHEELING	
3. NAME OF DECEASED a. (First) JESSE b. (Middle) ALEX c. (Last) FREEMAN			4. DATE OF DEATH (Month) (Day) (Year) JULY 18 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 19, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 25 YRS-SWITCHMAN-Mo. Pacific Railroad		11. BIRTHPLACE (State or foreign country) COMANCHE - OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME WILLIAM M. FREEMAN		13b. MOTHER'S MAIDEN NAME NAN WILKERSON	14. NAME OF HUSBAND OR WIFE GLADYS Z. FREEMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I		16. SOCIAL SECURITY NO. 702-14-5229	17. INFORMANT'S SIGNATURE OR NAME MRS. GLADYS Z. FREEMAN ADDRESS 127 S. WHEELING AVE
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 5 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. myocardial infarction		2 hours	
DUE TO (c) Coronary sclerosis		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. syphilis		years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 23, 1953 , to July 18, 1953 , that I last saw the deceased alive on July 18, 1953 , and that death occurred at 7:50 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE J.E. Castles M.D.		23b. ADDRESS 1002 Argyle Building Kansas City, Missouri	
23c. DATE SIGNED 7/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 21-1953	
24c. NAME OF CEMETERY OR CREMATORY GREENLAWN Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-21-53		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Will W. Newcomer's Sons		ADDRESS Kansas City Mo.	

AUG 18 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Rosal M. Boyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *4892*

P. O. Address *Wheat, 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 this body is not embalmed, fact should be so stated above.