

STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1953

State File No. **25294**

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> c. LENGTH OF STAY (In this place) <u>5 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>2078</u> d. STREET ADDRESS (If rural, give location) <u>514 Harris</u> <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Edwin</u> b. (Middle) _____ c. (Last) <u>Freeston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1953</u>	

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 11, 1870</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>8</u>	11. DAYS <u>1</u>	12. IF UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Signalman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincolnshire, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Freeston</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Pickering</u>	14. NAME OF HUSBAND OR WIFE <u>(Dea)</u>
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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>709-10-8617</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida DeVore, Kansas City, Mo.</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Aberration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Cerebral)</u> DUE TO (c) <u>Carcinoma Larynx & Cervical</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>1 month</u> <u>6 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>161X</u>		

19a. DATE OF OPERATION <u>6-24-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>High grade Squamous cell carcinoma Larynx</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., home about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 6-27 1953 to 8-4, 1953 that I last saw the deceased alive on 8-4, 1953 and that death occurred at 4:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Attending Physician) <u>Edwin M. Freeston M.D.</u>	23b. ADDRESS <u>Independence Hosp. Dept.</u>	23c. DATE SIGNED <u>8-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/7/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 6-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>
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354-0 (Licensed Embalmer's Statement on Reverse Side)

SEP 10 1953

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
Student Embalmer

Signed

Charles E. Schroeder

Licensed Embalmer No.

4741

P. O. Address

Independence

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.