

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5930
1118

State File No. _____
Registrar's No. _____

No. 300
10-48

FILED MAR 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>				b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">31 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		d. STREET ADDRESS (If rural, give location) <p align="center">3238 Montgall</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Joseph Hospital</p>								35 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Matilda</p>			b. (Middle) <p align="center">A.</p>		c. (Last) <p align="center">GLEESON</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Feb. 21, 1953</p>		
5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>		8. DATE OF BIRTH <p align="center">7-19-97</p>		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 24 Hrs. Hours Min. <p align="center">55</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">St. Louis, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		
13a. FATHER'S NAME <p align="center">Adolph Farnik</p>			13b. MOTHER'S MAIDEN NAME <p align="center">---- Phillipine</p>			14. NAME OF HUSBAND OR WIFE <p align="center">Richard J. Gleeson</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Richard J. Gleeson, 3238 Montgall, KC, Mo.</p>				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Acute Myocardial Infarct</p>						<p align="center">4 wks</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 19, 1953</u> , to <u>Feb 21, 1953</u> that I last saw the deceased alive on <u>Feb 20, 1953</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <p align="center">Martin P. Hunter M.D.</p>				23b. ADDRESS <p align="center">1408 Waldheim Bldg</p>			23c. DATE SIGNED <p align="center">Feb 23, 53</p>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">2-24-53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mt. Olivet</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>			
DATE REC'D BY LOCAL REG. <p align="center">2-23-53</p>		REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Mellody-McGilley-Eylar, Kansas City, Mo.</p>				

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

Mr. Hilmer

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

Melvin Bartson

Licensed Embalmer No. *4903*

P. O. Address *K.C. 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.