

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14194**
1938

FILED MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>0 mo.</u> | | e. STREET ADDRESS (If rural, give location) <u>1809 Fremont</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | |

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|-------------------------------------|---------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Leonard</u> | b. (Middle) <u>R.</u> | c. (Last) <u>Gleason</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 9 53</u> |
|-------------------------------------|---------------------------|-----------------------|--------------------------|---|

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|--------------------|-------------------------------|---|------------------------------------|--|------------------|------------------|------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>10-12-1895</u> | 9. AGE (In years last birthday) <u>56 57</u> | 10. UNDER 1 YEAR | 11. UNDER 1 YEAR | 12. UNDER 1 YEAR |
|--------------------|-------------------------------|---|------------------------------------|--|------------------|------------------|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Phinias P. Gleason</u> | 13b. MOTHER'S MAIDEN NAME <u>May M. Owen</u> | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Gleason</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>495-05-8081</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Gleason</u> | ADDRESS <u>1809 Fremont</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Squamous cell carcinoma of tongue with metastases to regional lymph nodes</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 141X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov. 28, 1952, to April 9, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

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|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) | 23b. ADDRESS <u>24th & Cherry</u> | 23c. DATE SIGNED <u>4-10-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4-11-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>BRAYMER</u> |
|--|--------------------------|---|--|

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|---|--|---|-------------------------|
| DATE REC'D BY LOCAL REG. <u>4-11-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Sheil</u> | ADDRESS <u>15-C-mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten mark

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 *John P. Sheil*.....

Licensed Embalmer No. *363*.....

P. O. Address *R.C.M.*.....

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.