

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8450

1201

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1201</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, NORTH</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MUNICIPAL AIR PORT</u>				e. STREET ADDRESS (If rural, give location) <u>4736 SUMMIT</u> 3129			
3. NAME OF DECEASED a. (First) <u>LEONARD</u> (Type or Print)			b. (Middle) <u>RODRICK</u>		c. (Last) <u>GLASSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 17-1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>OCT 8, 1929</u>	9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>T.W.A. Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph, Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>ANTHONY GLASSER</u>			13b. MOTHER'S MAIDEN NAME <u>DOROTHY FRIEDENBACH</u>		14. NAME OF HUSBAND/OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>509-34-4929</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss ALMA GLASSER 4736 SUMMIT KAN. CITY, MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fracture, crushed ribs + chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AIRPLANE CRASH, SINGLE ENGINE</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>22 Hrs</u> <u>2866X</u> <u>39</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Municipal Airport</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Mo Clay MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 17 56 10 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Airplane Crash.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O. S. Pate</u> <u>O. S. Pate M.D. Crown</u> (Degree or title) <sup>3</sup>				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/17/56</u>	
24a. BURIAL CREMATION (REMOVED) (Specify) <u>BURIAL</u>		24b. DATE <u>3-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>OSAGE CITY KANS</u>	
DATE REC'D BY LOCAL REG. <u>3-18-56</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. NEWCOMER'S, No. K.C. 16 MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

9561 8 MAY 3 1958

9561 1958

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 M. Kalsbach*

Licensed Embalmer No. 49

P. O. Address No. Kansas

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.