

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31871

STATE FILE NUMBER

3839

FILED SEP 16 1957

Registration District No. 149 Primary Registration District 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>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Iberia</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11th & Walnut</u> Length of stay in lb <u>3 weeks</u>		d. STREET ADDRESS <u>R# 2</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>HARVEY YULE GLEASON</u> First Middle Last		4. DATE OF DEATH <u>8 14 57</u> Month Day Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 17 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tool & Die</u>	11. BIRTHPLACE (City and state or country) <u>Omaha Neb</u>
13. FATHER'S NAME <u>Harvey B Gleason</u>		14. MOTHER'S MAIDEN NAME <u>Jessie Ryan</u>	
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>487-20-3697</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Anterior Dislocation Body</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E9023</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I(a), Part II, or item 18.) <u>Fell from a scaffold while painting a store</u>		
20c. TIME OF INJURY <u>9:45 a.m.</u> Hour Month, Day, Year <u>8 14 57</u>	20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>Store</u>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson MO</u> COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>		22b. ADDRESS <u>1034 Pinta Bldg</u>	
22c. DATE SIGNED <u>8-14-57</u>			
23a. JOURNAL CREATION, REMOVAL (Specify)	23b. DATE <u>8-20-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. Kans</u>
24. FUNERAL DIRECTOR <u>Sebbeto's KC Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-16-57</u>	
		26. REGISTRAR'S SIGNATURE <u>neva minshell</u>	

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

300-1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Hugh H. Owens



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Forrest D. Coldenow*

Licensed Embalmer No. *471*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.