

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005520
STATE FILE NUMBER
488

FILED FEB 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 1312 W. NETTLETON	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS L. GLEAVES		4. DATE OF DEATH Month Day Year JAN. 28 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 27, 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR		9b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	9c. BIRTHPLACE (City and state or country) LITTLE ROCK, ARKANSAS
10a. FATHER'S NAME JACOB GLEAVES		10b. MOTHER'S MAIDEN NAME SARAH E. THOMAS	10c. NAME OF HUSBAND OR WIFE MINNIE B. GLEAVES
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES WW I		11. SOCIAL SECURITY NO. 520-05-6326	11. INFORMANT Address VA HOSPITAL, KANSAS CITY, MO. OFFICIAL RCDS.
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia and inanition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ulceration of the esophagus</u> DUE TO (c) <u>Bronchogenic carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			12. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. VA attended the deceased from JAN. 4, 1958 to JAN. 28, 1958 Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. COZZARELLI, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-29-58
23a. BURIAL OR CREMATION Burial	23b. DATE 1-31-58	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem. Independence, Mo	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Geo C. Carson, Indep. Mo		25. DATE RECD. BY LOCAL REG. 1-30-58	26. REGISTRAR'S SIGNATURE Neva Trinchell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. *4697*.....

P. O. Address *Indigo 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.