

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42273
5493

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

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

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 OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>4003 Marvell 30th St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parter Bldg 33 & Broadway</u>			d. STREET ADDRESS (If rural, give location) <u>4003 Marvell 30th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u> b. (Middle) _____ c. (Last) <u>Gleason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-3-1909</u>	9. AGE (in years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Artist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial adv.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>N.C. Gleason</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Maria Anatole Ehrenberg</u>		14. NAME OF HUSBAND OR WIFE _____	
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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>N.C. Gleason 4003 Marvell</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage resulting from crushing injuries of chest & abdomen.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) _____ DUE TO (c) <u>Fractured Middle Rib & Ribs hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>29026 45</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) _____	21b. PLACE OF INJURY (e.g., in or about home, factory, store, street, office bldg., etc.) <u>office Bldg.</u>	21c. (CITY, TOWN, OR TOWNSHIP), <u>23</u> (COUNTY) <u>Jackson</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>12-10-52 - 7:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Apparently jumped from window - 17th floor</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>G.O.C. Kealhofer</u> (Degree or title) _____			23b. ADDRESS <u>4050 Broadway St</u>		23c. DATE SIGNED <u>12-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Emporia Kansas</u>		
DATE REC'D BY LOCAL REG. <u>12-15-52</u>	REGISTRAR'S SIGNATURE <u>L. Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Warnell Funeral Home</u>		

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

Russell N. France

Licensed Embalmer No. 4255

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.