

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1137

State File No. \_\_\_\_\_

Registrar's No. 295

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>295</u>	
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</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>7231 Paseo Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mrs Annie</u>		a. (First) _____ b. (Middle) <u>2</u> c. (Last) <u>Gleeson</u>		4. DATE OF DEATH <u>Jan. 20, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb. 24, 1892</u>	9. AGE (In years) <u>62 years</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dublin, Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Annie</u>		14. NAME OF HUSBAND OR WIFE <u>John J. Gleeson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James T. Gleeson 7231 Paseo Blvd.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>				<u>8 years</u>	
		DUE TO (c) _____				<u>45.01</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>				<u>4 years</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, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-7</u> , 19 <u>55</u> , to <u>1-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>55</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Ketcham</u> (Degree or title) _____				23b. ADDRESS <u>K.C. Mo.</u>		23c. DATE SIGNED <u>1-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. S. Quirk 4316 Troost Ave.</u>			

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

**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.....

Licensed Embalmer No. ....

P. O. Address.....

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.