Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41124
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 433

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal 0647 0 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 611 North Eighth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LESLIE Middle J. Last GLEASON
4. DATE OF DEATH: Month November Day 5 Year 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 2
8. DATE OF BIRTH: January 29, 1899
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 9 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY: C.B.&.Q.R.R.
11. BIRTHPLACE (City and state or country): Elksberry Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Wesley Gleason
14. MOTHER'S MAIDEN NAME: Sarah Elsberry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): es — (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.: 489 14 7566
17. INFORMANT: Mrs. Hattie Taylor — Address: Hannibal Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arterio-sclerotic Heart Disease — 6 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Influenza 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-19-52, to 11-5-57 and last saw her/him alive on 11-5-57
Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. 0
22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED: 11-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/7/57
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 11-7-1957
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luck by W. C. Fisher

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 1 5 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 1 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Sta

Licensed Embalmer No...4540.

P. O. Address ....Hannibal Mi

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