Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030423
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8099

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis, Little Rock Hospital, Inc. — Length of stay in Ib: 51 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN: Roodhouse — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 108 North Morrow St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Clarence; Middle: Leroy; Last: Gleason

4. DATE OF DEATH: Month: August; Day: 18; Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 15, 1899

9. AGE (In years last birthday): 59 — 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): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): St. Marie, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Micheal Gleason

13b. MOTHER'S MAIDEN NAME: Lulu Sprague

14. NAME OF HUSBAND OR WIFE: Estelle Gleason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 709-12-0272

17. INFORMANT: Estelle Gleason, Address: Roodhouse, Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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): Lympho Sarcoma of Abdomen — INTERVAL BETWEEN ONSET AND DEATH: 15 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 200.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

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 June 28, 1958, to Aug. 17, 1958 and last saw him alive on August 17, 1958
Death occurred at 12:20 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bryan H Clark, D.O.

22b. ADDRESS: 1755 So. Grand Blvd.,

22c. DATE SIGNED: 8-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 8-19-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Roodhouse, Ill.

24. FUNERAL DIRECTOR: Wm. Wolfe Mortuary — ADDRESS: Roodhouse, Ill.

25. DATE RECD. BY LOCAL REG.: AUG 20 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed Harry Kahle
Signature of Student Embalmer

Licensed Embalmer No. 4596
P. O. Address St Louis

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.