

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23874**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **107**

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN Harrisonville	c. LENGTH OF STAY (If this place) 1 hour	c. CITY OR TOWN Rural - K.C. Kans. 815th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, also location) 5908 Edith	

3. NAME OF DECEASED (Type or Print) a. (First) GLENN b. (Middle) BYRIL c. (Last) EDDY			4. DATE OF DEATH (Month) (Day) (Year) July 10 1952	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 19 1929	9. AGE (In years last birthday) 22	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 2 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ambulance Driver		10b. KIND OF BUSINESS OR INDUSTRY Mw Amp Co	11. BIRTHPLACE (State or foreign country) Kansas City Kans	12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Glenn M. Eddy	13b. MOTHER'S MAIDEN NAME Bever Reynolds	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 515-24-1909	17. INFORMANT'S SIGNATURE OR NAME Glenn M. Eddy		18. ADDRESS 5908 Edith K.C. Kans	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRACTION SKULL				INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE CONTUSIONS				

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) PECULIAR Cass Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 10 1952 5P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Motorcycle overturned
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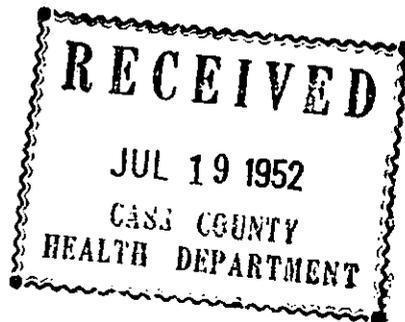
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **July 10**, 19**52** and that death occurred at **6P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Hargan (Coroner) MD	23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED July 11 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12 1952	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
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DATE REC'D BY LOCAL REG. July 12 1952	REGISTRAR'S SIGNATURE Dora Barcard	25. FUNERAL DIRECTOR'S SIGNATURE Banninger	ADDRESS Harrisonville Mo
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MAY 12 1952



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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.