

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31628

State File No. ....

No. 300

10.48

FILED SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4068

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>3 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ARMOUR HOME INFIRMARY</b>		d. STREET ADDRESS (If rural, give location) <b>8100 WORNAL - ARMOUR HOME</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUTHER</b>		b. (Middle) <b>PRICE</b>		c. (Last) <b>GLADDEN</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 14 - 52</b>		5. SEX <b>M D</b>		6. COLOR OR RACE <b>W</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Oct. 3, 1861</b>		9. AGE (In years last birthday) (Specify) <b>90</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SALESMAN</b>		10b. INDUSTRY <b>U.S. SUPPLY CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JAMES THOMAS GLADDEN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			
14. NAME OF HUSBAND OR WIFE <b>KATHERINE GLADDEN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>ELIZABETH R. SCHREIBER*</b>		ADDRESS <b>8100 Wornall</b>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary occlusion (acute)</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2da</b>  <b>4201</b>	
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) (Minute)		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 <b>Feb 19, 1950</b> , to <b>9-13, 1952</b> , that I last saw the deceased alive on <b>9-13, 1952</b> and that death occurred at <b>5:04 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles B. Lee</b>		23b. ADDRESS <b>174 Plaza View Bldg. KCMO</b>		23c. DATE SIGNED <b>9-15-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORRIS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. JOSEPH, MISSOURI.</b>	
DATE REC'D BY LOCAL REG. <b>9-15-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; MC CLURE UND. CO.</b>		ADDRESS <b>KANSAS CITY</b>	

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI.

*Dr. Chester Lee*  
*Blair*  
*St. Louis*  
*Mo*  
*2/15*

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 *George Russell*  
Licensed Embalmer No. *4425*  
P. O. Address *J. 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.