

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38681**
5255
Registrar's No.

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK 0210	
c. LENGTH OF STAY (In this place) 2-DAYS		d. STREET ADDRESS (If rural, give location) 1 N	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED a. (First) LUTHER b. (Middle) DEMPEY c. (Last) GLENN			4. DATE OF DEATH (Month) (Day) (Year) DEC-2-1952		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-11-1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RURAL MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL		11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES EDWARDS GLENN			13b. MOTHER'S MAIDEN NAME KATHERINE BRITT			14. NAME OF HUSBAND OR WIFE MRS. LILLIE ANN GLENN	

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. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. LILLIE ANN GLENN ADDRESS BRUNSWICK MO	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		DUE TO (b) Coronary Artery Sclerosis				3 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Diabetes-mellitus				6 mos	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Dorsal (chest) neuritis				2 weeks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 360X				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 **Nov-29, 1952**, to **Dec. 2, 1952**, that I last saw the deceased alive on **Dec. 2, 1952** and that death occurred at **4:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Graham Asher MD (Degree or title)			23b. ADDRESS 1220 Professional Bldg Kansas City 6, Mo		23c. DATE SIGNED 12-2-52		
24a. BURIAL CREMATION (REMOVAL) BURIAL		24b. DATE Dec-2-1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI	

DATE REC'D BY LOCAL REG. 12-2-52		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer's Sons ADDRESS 1331 GRUSH CREEK KANSAS CITY MO	
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(Licensed Embalmer's Scattering on Reverse Side)

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

JEC 1 6 1952

10-11
1220 Professional

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 T. Robert C. Henson

Licensed Embalmer No. 4849

P. O. Address K.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.