

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21455**

FILED AUG 10 1955

Registrar's No. **114**

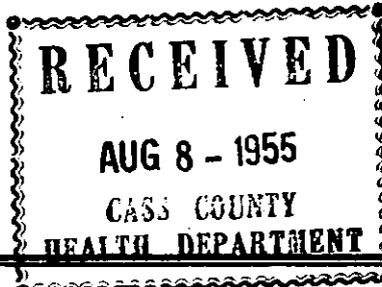
BIRTH NO.		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4098</b>		State File No. <b>21455</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Belton</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>		c. CITY OR TOWN <b>Belton</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kings Addition</b>				e. STREET ADDRESS (If rural, give location) <b>Kings Addition</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecilia</b>			b. (Middle) <b>T.</b>		c. (Last) <b>Glennon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-2-55</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Oct 30, 1888</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wheaton Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Martin T. Glennon</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Sutton</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sarah Glennon, Belton, Missouri</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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Bilateral</b> ONSET AND DEATH <b>3 days</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Urremia</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334 X</b>				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) <b>334 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Dec. 28, 1954</b> , to <b>April 13, 1955</b> , that I last saw the deceased alive on <b>13 April 1955</b> , and that death occurred at <b>10:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Sarah D. Steeper, M.D., Grandview, Mo.</b>				23b. ADDRESS <b>Grandview, Mo.</b>		23c. DATE SIGNED <b>Aug 3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>	
DATE REC'D BY LOCAL REG <b>Aug 4, 1955</b>		REGISTRAR'S SIGNATURE <b>Bora Barrow</b>		457-21		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. K. George &amp; Sons, Inc, Belton, Mo.</b>	

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

No. 300  
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6561 67 50W  
AUG 7 1955



**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.....  
Signature of Student Embalmer

Signed *Stirling E. Goddard*.....

Licensed Embalmer No. 4911.....

P. O. Address Grandview, I.....

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.