No. 300
10.48

FILED SEP 7 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26073

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3633

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 3322 Gillham Road

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3322 Gillham Road

119 3498

**3. NAME OF DECEASED** (Type or Print)
a. (First): CLATO
b. (Middle): T.
c. (Last): CLOSE

**4. DATE OF DEATH** (Month) (Day) (Year): Aug 17 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb 13th, 1892
**9. AGE** (In years last birthday): 63 — 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): Box Maker Slitter Operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Downey Box ~~Factory~~
**11. BIRTHPLACE** (City and State or Foreign Country): Gilford, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Senate B. Close
**13b. MOTHER'S MAIDEN NAME**: Annie Diggs
**14. NAME OF HUSBAND OR WIFE**: Jessie Close

**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.**: 436-05-0445
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Jessie Close
**ADDRESS**: 3322 Gillham

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coal Dust, various dusts — 40 years
DUE TO (c) Ca Pulmonale — 10 months

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Hypertension, Arterial — 5 years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
523D
**20. AUTOPSY?** YES [ ] NO [X]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 18 May, 1955, *to* 17 Aug, 1955, *that I last saw the deceased alive on* 16 Aug, 1955 *and that death occurred at* 8:10 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R. Glenn Elliott (Degree or title) MD
**23b. ADDRESS**: 1102 Grand KCMo
**23c. DATE SIGNED**: 18 Aug 55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal to Burial
**24b. DATE**: 8-20-55
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Auburn Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

**DATE REC'D BY LOCAL REG.**: 8-18-55
**REGISTRAR'S SIGNATURE**: Neva Marshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mellody-McGilley-Eylar Funeral Home
**ADDRESS**: 1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. Glenn Elliott

Glenn Elliott M.D.
Bryant Bg.
VI 6997
1:30 PM

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Bartram

Licensed Embalmer No. 490

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.