

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1344**  
Registrar's No. **222**

FILED FEB 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **222**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>27 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1402 Virginia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1402 Virginia</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FANNIE</b> b. (Middle) c. (Last) <b>GLOVER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17, 1956</b>		
5. SEX <b>3</b> <b>Fe</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 23, 1901</b>	9. AGE (In years last birthday) <b>54</b>	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) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Wetonga, Oklahoma</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>U. S.</b>					

13a. FATHER'S NAME <b>Alonzo Bailey</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Williams</b>	14. NAME OF HUSBAND OR WIFE <b>Lee A. Glover</b>
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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 <b>Daisy Sheely</b>	ADDRESS <b>1736 Jarboe</b>
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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* <b>Intestinal Obstruction</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Old Jejunum-Gastric Anastomosis</b> <b>Partial Gastric Resection</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gastric ulcer.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>12<sup>3</sup></b> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Oct. 10, 1955**, to **11/16, 1956**, that I last saw the deceased alive on **11/16, 1956** and that death occurred at **6:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. S. Daigle</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>2122 Truman Rd</b>	23c. DATE SIGNED <b>11/17/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans.</b>
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DATE REC'D BY LOCAL REG. <b>1-18-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE <b>Walter H. Marshall</b>	ADDRESS <b>K.C.K.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4:30  
Be 1-3306

**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 Clifford J Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.