

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File **13261**

1441

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 Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 33 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cresthaven N.H., 3516 Summit				e. STREET ADDRESS (If rural, give location) 3809 Walnut			
3. NAME OF DECEASED (Type or Print)		a. (First) IDA		b. (Middle) MAUDE		c. (Last) GLENN	
4. DATE OF DEATH		Month April		Day 1		Year 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Sept. 19, 1871	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wks. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public school teacher		10b. KIND OF BUSINESS OR INDUSTRY Art		11. BIRTHPLACE (City and State or Foreign Country) Oneida, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Glenn		13b. MOTHER'S MAIDEN NAME Sarah E. Bowen		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Maybelle Glenn, 3809 Walnut, K.C.Mo.			
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility				INTERVAL BETWEEN ONSET AND DEATH Several years Many years Several years	
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) 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 Mar 1, 1956 to Mar 3, 1956 , that I last saw the deceased alive on Mar 3, 1956 and that death occurred at 2:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE A. L. Spafford				A. L. Spafford (Degree or title) M.D.		23b. ADDRESS 1414 Prof. Bldg. Kansas City, Mo.	
23c. DATE SIGNED 4-2-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/3/56		24c. NAME OF CEMETERY OR CREMATORY Galesburg, Illinois	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS STINE & McCLURE UND. CO. K.C.MO.			
DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE neva minshall					

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

Mr. Allen L. Spofford
1414 Prof Bldg.
Vi 2-4425

Exp 2:00 PM

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.....
[Handwritten Signature]

Licensed Embalmer No.

P. O. Address.....

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.