

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28446

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		c. CITY OR TOWN Kansas City,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ja.Co. Hosp.		d. STREET ADDRESS 3433 Paseo	
Length of stay in 1b 7 mo 25 da		(If outside, give location) 3578	
		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frances Middle Charlotte Last Glover			4. DATE OF DEATH Month 8 Day 7 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months — Days — Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and state or county) Carnegie Junction, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac Newton Neal			14. MOTHER'S MAIDEN NAME Martha Jane Redpath		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT Mr. D. E. Williamson Address 5701 1/2 E. K.C. Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Support embolism			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			
DUE TO (c) Chol. nephritis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. —					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from Dec. 13, 1956 to Aug 7, 1957 and last saw her ^{alive} _{xxx} on Aug 7, 1957
Death occurred at 12:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Philip Japer M.D.** (Degree or title) 22b. ADDRESS **Lee's Summit, Mo** 22c. DATE SIGNED **8-7-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 10-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR C. D. Blackman + Son Inc. ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 8-8-1957	26. REGISTRAR'S SIGNATURE H. B. Longford

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *W.C. Quinn*.....

Licensed Embalmer No. *4*.....

P. O. Address *N.C. ?*.....

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