

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31872

STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's 3840

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm./ssion)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Kansas		b. COUNTY Wandotte	
c. FULL NAME OF (If NOT in hospital, give location) VA Hospital		Length of stay in 1b 1 hour		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BUD GLOVER				4. DATE OF DEATH August 10, 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-5-89	
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Janitor		11. BIRTHPLACE (City and state or country) Ringgold, La.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME B.G. Glover				14. MOTHER'S MAIDEN NAME Savannah Glover			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT VA Hospital Official Records			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) Acute myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							4201
DUE TO (b) _____ DUE TO (c) _____							
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"/> 2
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
VA							
21. XX attended the deceased from 8-10-57 -9:50am to 8-10-57 -10:30am Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. M. Tillman</i>				22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 8/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		8-17-57		—		Minden, La.	
24. FUNERAL DIRECTOR Mrs. Neek's Mortuary K. C. Ho.			25. DATE RECD. BY LOCAL REG. 8-16-57		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		

embalmer's name
license number

date of death
place of death

name of decedent
sex
age
race
religion



place of death
cause of death
sex
race

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 Millard B. Park

Licensed Embalmer No. 50

P. O. Address K.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.