

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014555  
State File No. 1814

FILED APR 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1814

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 2/508	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 719 South 9th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED a. (First) Gladys MARY ANNE		b. (Middle)		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) April 4, 1958	
5. SEX F	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 26, 1917		9. AGE (in years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John L. Higginbotham		13b. MOTHER'S MAIDEN NAME Addie Duke		14. NAME OF HUSBAND OR WIFE Eldon R. Wright, Sr.			
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eldon R. Wright, Sr. 719 S. 9th. St. K.C., Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Systemic		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia Bronch.						491x	
		DUE TO (c) Diabetes							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 March 3, 1958 to April 4, 1958 that I last saw the deceased alive on Mar - 3, 1958, and that death occurred at 6:57 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don A. Black</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>924 Broadway</u>		23c. DATE SIGNED <u>4/4/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/8/58		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. <u>4-8-58</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Daniels Bros. F.H. 1536 Missouri Ave. Kansas City, Kansas</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Don A. Black

NOV 4 1937

no 2 - 8481

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 Geo F. Porter

Licensed Embalmer No. 3659

P. O. Address Hawthorne, Kansas

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.

