

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030497

FILED TO SEP 12 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4436

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| 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, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 64 YEARS | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4963 WESTWOOD TERRACE |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last GLADYS CRENSHAW | | | 4. DATE OF DEATH Month Day Year AUGUST 27 1960 | | | |
| 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 OCT. 3, 1871 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) FORT SCOTT, KANSAS | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME TIMOTHY WANAMAHER | | 13b. MOTHER'S MAIDEN NAME UNKNOWN CARSON | | 14. NAME OF HUSBAND OR WIFE THOMAS B. CRENSHAW | | |
| 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 Address MISS MARTHA P. CRENSHAW KANSAS CITY, MO. | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Pneumonitis, atypical</i></u> | | INTERVAL BETWEEN ONSET AND DEATH <u><i>1 month</i></u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | |
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| 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 *July 28, 1960* to *8-27-60* and last saw her ^{her} alive on *8-26-60*
Death occurred at *2:45 A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u><i>M. Donald M. Zealand M.D.</i></u> | | 22b. ADDRESS <u><i>315 Nichols Rd</i></u> | | 22c. DATE SIGNED <u><i>8/28/60</i></u> |
| 23a. BURIAL CREMATION, (REMOVAL) (Specify) BURIAL | 23b. DATE AUGUST 30, 1960 | 23c. NAME OF CEMETERY OR CREMATORY MACHPELAH CEMETERY | 23d. LOCATION (City, town, or county) (State) LEXINGTON MISSOURI | |

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| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. <u><i>8-30-60</i></u> | 26. REGISTRAR'S SIGNATURE <u><i>H.L. Dwyer</i></u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

DONALD M. ZEHLER MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4937

P. O. Address KEK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.