

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12986  
1520

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| c. LENGTH OF STAY (in this place) <u>20 yrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1300 E Armour</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwood Convalescent Home</u>                      |  |  |  |

|  |            |             |                           |  |
|--|------------|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>MABLE</u> | a. (First) | b. (Middle) | c. (Last) <u>GLADWILL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-1950</u> |
|--|------------|-------------|---------------------------|--|

|                  |                               |  |                                     |   |                        |                      |                       |                      |
|------------------|-------------------------------|--|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>fe</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar.</u> | 8. DATE OF BIRTH <u>Mar 12 1880</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|------------------|-------------------------------|--|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u> | 10b. KIND OF BUSINESS/ OR INDUSTRY <u>Conv. Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Peoria Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME <u>John Lowry</u> | 13b. MOTHER'S MAIDEN NAME <u>Clara Putnam</u> | 14. NAME OF HUSBAND OR WIFE <u>Nathan L Gladwill</u> |
|--------------------------------------|---|--|

|  |                                  |   |
|--|----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irma Brown 1300 E Armour</u> |
|--|----------------------------------|---|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 min</u><br><u>3 min</u><br><u>42 1/4</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(b) Coronary Heart Disease</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>arterial insufficiency</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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 Oct 1 1949 to Mar 31 1950, that I last saw the deceased alive on Mar 30 1950, and that death occurred at 5:30 m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Carl A. Jackson</u> (Degree or title) | 23b. ADDRESS <u>1103 21st St</u> | 23c. DATE SIGNED <u>3-31-50</u> |
|---|----------------------------------|---------------------------------|

|  |                           |  |  |
|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4-2-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Rich Hill Mo.</u> |
|--|---------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>4-1-50</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman &amp; Son, Inc Kansas City Mo</u> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

4

CA. JACKSON  
1103 E. Armour

JAN 3 1955

4214

**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.

Signed *E. M. Jackson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 2875 IND. BLVD. K.C.

**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.