

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8483**
655

FILED MAR 17 1951

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 633 Campbell Street	

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First)	b. (Middle)	c. (Last) GLOVER	4. DATE OF DEATH FEBRUARY 9 1951
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 25 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 9 14	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) 1 OKLAHOMA CITY, OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME SANDY GLOVER	13b. MOTHER'S MAIDEN NAME VICTORIA <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>unk</i>
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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) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME HENRY GLOVER	ADDRESS 633 Campbell Street
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA		INTERVAL BETWEEN ONSET AND DEATH 4200
	ANTECEDENT CAUSES (b) HYPOSTATIC PNEUMONIA		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (c) CARDIAC FAILURE OF UNDETERMINED ETIOLOGY DUE TO (c) Arteriosclerotic heart disease		
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-9, 1951, to 2-9, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at 4:05P m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis	(Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 2-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-12-51	24c. NAME OF CEMETERY OR CREMATORY --	24d. LOCATION (City, town, or county) (State) Okla. Okla.
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DATE REC'D BY LOCAL REG. 2-12-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Brygham & Jones	ADDRESS 2300 E. 11th
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5272
4342

JUN 25 1958

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Laurence A. Jones

Student Embalmer No.....

Licensed Embalmer No. *4429*

P. O. Address *2300 East 117th St.*

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.