

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28429

State File No. \_\_\_\_\_

FILED AUG 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0480</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Wadsworth, Mo. 0480</u> <u>KANSAS CITY - Rural</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>9001 Walnut Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9001 Walnut Street</u>			

3. NAME OF DECEASED a. (First) <u>SUSAN</u> b. (Middle) <u>Allison</u> c. (Last) <u>Jefferson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 11-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 30, 1885</u>		9. AGE (in years) (last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lebo, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>W.H. Glacken</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Glacken</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Jefferson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>49610218</u>	17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u> ADDRESS _____	

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  <u>45 min.</u>  <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arterio-sclerosis</u>		
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 <u>4201</u>	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 8-10-, 1952, to 8-11-, 1952, that I last saw the deceased alive on 8-11-, 1952, and that death occurred at 12:10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ada B. Rader</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Martin City, Mo</u>	23c. DATE SIGNED <u>8-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Swan Lawn</u>
		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>

DATE REC'D BY LOCAL REG. <u>8/12/52</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie E. Hodges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1331 Franklin Street, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Marlin City  
WI-3412

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 Charles H. Stokemy

Licensed Embalmer No. 4560

P. O. Address K.P. mo

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.