

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5931**

FILED **MAR 13 1953**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **978**

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

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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 81 yrs	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			e. STREET ADDRESS (If rural, give location) 4001 E. 39 3600		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M c. (Last) Glenn			4. DATE OF DEATH (Month) (Day) (Year) 2 14 53		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 21 May 1874	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months _____ 11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery Man		10b. KIND OF BUSINESS OR INDUSTRY Ice business		11. BIRTHPLACE (City and State or Foreign Country) West Plains, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Glenn		13b. MOTHER'S MAIDEN NAME Mary Ann Webster	
14. NAME OF HUSBAND OR WIFE Myra Glenn		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 Arthur Glenn		18. ADDRESS 4336 Brooklyn		19. MEDICAL CERTIFICATION	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of liver with brain metastases		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		102X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov. 28 19 52 , to Feb. 14 19 53 , that I last saw the deceased alive on Feb. 14 19 53 , and that death occurred at 10 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE B.I. Burns (Degree or title) MD			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 2-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 16-53		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) West Plains, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Bentley Mortuary		ADDRESS 5811 Truost	
DATE REC'D BY LOCAL REG. 2-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		ADDRESS R.C. Mo.	

Handwritten initials

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.....
Signature of Student Embalmer

Signed *Lloyd C. McNeil*.....

Licensed Embalmer No. *4853*.....

P. O. Address *K. C. McNeil*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.