FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28073

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 413 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smithville Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3208
d. STREET ADDRESS (If rural, give location): 6220 E. 10th Street /

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) C. c. (Last) GLAZE

4. DATE OF DEATH (Month) Sept. (Day) 1, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-30-1891

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~[illegible]~~

10b. KIND OF BUSINESS OR INDUSTRY Machinist

11. BIRTHPLACE (State or foreign country) Luray Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Glaze

13b. MOTHER'S MAIDEN NAME Jennie Bratton

14. NAME OF HUSBAND OR WIFE Myrtle S.Glaze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War No-1

16. SOCIAL SECURITY NO. 487-09-8457

17. INFORMANT'S SIGNATURE OR NAME Myrtle S.Glaze **ADDRESS** 6220 East 10 St. K.C.Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs /

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.* Coronary arteriosclerosis — 5 yrs /

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, *19* 51, *to* Sept 1, *19*53, *that I last saw the deceased alive on* Sept 1, *19* 53, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Otto J. Novotny (Degree or title) M.D.

23b. ADDRESS Gashland, Missouri

23c. DATE SIGNED 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 4 1953

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-2-53

REGISTRAR'S SIGNATURE Marguerite Hudgens

25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L.Forster **ADDRESS** 918 Brooklyn Kas. City,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1953

JAN 6 1954

JAN 6 1954

OCT 5 1952

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.