

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28620
4260

FILED SEP 15 1953

State File No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>510 3225 college</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah</u>		e. CITY (If rural, give location) <u>3568</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Glapenske</u> c. (Last) <u>Glapenske</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-30-53</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 8, 1915</u>		9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Body</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Glapenske</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Lysonic</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Glapenske</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W. W. No. 2</u>		16. SOCIAL SECURITY NO. <u>431-01-9158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Henry Hardy, Ark.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Cerebrovascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____				DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5810</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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 Joseph 1, 1953, Aug 30, 1953 that I last saw the deceased alive Aug 30, 1953 and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack B. Brams MD</u>		23b. ADDRESS <u>330 E. 1st St., Springfield, Mo.</u>		23c. DATE SIGNED <u>Aug 31</u>	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Aug. 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mammoth Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Mammoth Springs, Arkansas</u>	
--	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>8-31-53</u>		REGISTRAR'S SIGNATURE <u>Staldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u> ADDRESS <u>4139 Truman Rd. K.C., Mo.</u>	
---	--	---	--	--	--

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

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

James W. Earp

Licensed Embalmer No. *4622*

P. O. Address *J. C., 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.