

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28651

State File No. _____

3904

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3904</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. 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 MONTHS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3338 Forest Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u>			b. (Middle) _____		c. (Last) <u>Hayden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB. 25, 1929</u>		9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE UTILITY MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>POLK COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leland Hayden</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA GRANT</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-34-5584</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. BEATRICE LOUISE PEER 3625 CHARLOTTE ST. KANSAS CITY, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Constrictive pericarditis</u> (b) <u>Bilateral Bronchial pneumonia deep</u> (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS (c) <u>Congenital splenic of kidneys</u> Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Bronchial pneumonia deep</u> DUE TO (c) <u>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1573.</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 from <u>7-25</u> , 19 <u>53</u> , to <u>8-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>53</u> , and that death occurred at <u>10:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Milton S. Steinberg</u> (Degree or title) _____				23b. ADDRESS <u>926 E. 11th St., K.C. Mo</u>		23c. DATE SIGNED <u>8-6-53</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-6-1953</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>LINDLEY PRAIRIE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR BEAR CREEK MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8-6-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Edward M. Stacey*.....

Licensed Embalmer No. *445*

P. O. Address *K. C. 102*

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.