

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1954

State File No. 4361

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY one week d. FULL NAME OF HOSPITAL OR INSTITUTION Cerebral Palsy Center 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Cheriton c. CITY OR TOWN Brunswick d. STREET ADDRESS none

3. NAME OF DECEASED a. (First) Glenda b. (Middle) Sue c. (Last) Glenn 4. DATE OF DEATH Sept. 12 54 5. SEX Female 6. COLOR OR RACE white 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED D 8. DATE OF BIRTH 3/5/51 9. AGE (In years last birthday) 3 10a. USUAL OCCUPATION child 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE Brookfield, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME L. D. Glenn, Jr. 13b. MOTHER'S MAIDEN NAME Dorothy Webber 14. NAME OF HUSBAND OR WIFE none 15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Chert at Cerebral Palsy Center ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure (b) Convulsion (c) Cerebral Palsy and Organic Damage II. OTHER SIGNIFICANT CONDITIONS Severe convulsions since birth MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 min. 351X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 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 8/6/53, 1953, to 9/12, 1954, that I last saw the deceased alive on 9/12, 1954, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Gerald E. Hughes (Degree or title) 23b. ADDRESS 1107 BRYANT BROS. LLC MO 23c. DATE SIGNED 9/13/54 24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 9-13-54 24c. NAME OF CEMETERY OR CREMATORY Brunswick Missouri 24d. LOCATION (City, town, or county) Brunswick, Missouri (State)

DATE REC'D BY LOCAL REG. 9-13-54 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C. MO ADDRESS

WRITE PLAINLY - USING UNFADEING 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.