

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33906

State File No. _____

4293

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>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>28 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>5609 E. 33rd St.</u>				STREET ADDRESS (If rural, give location) <u>5609 E. 33rd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>			b. (Middle) _____		c. (Last) <u>Glasgow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Jan. 8, 1899</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. Bell Tele. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Isaiah Glasgow</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-16-5465</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susan L. Kennedy</u>		ADDRESS <u>5611 E. 33rd</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				(a) <u>Acute Dilatation of Heart</u>			
DUE TO (b) <u>Hypertensive Heart Disease</u>				(b) _____			
DUE TO (c) <u>Chronic Valvular Heart Disease</u>				(c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Cardiac Decompensation</u>			<u>4437</u>
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) (Min.)		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>9/2</u> , 1954, to <u>9/6</u> , 1954, that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9/5</u> , 1954, and that death occurred at <u>8:45A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. M. Tillman M.D.</u>				23b. ADDRESS <u>1618 Lydia Ave</u>		23c. DATE SIGNED <u>9/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-8-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watters Bros. Funeral Home 18th & Benton</u>			

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

I. M. Tillman

Dr. Elman

Dr. Elman

Dr. 5181

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 *Bruce P. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Canton*

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.