

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33241

State File No.

BIRTH NO. 76229-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4474

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>28 days</u>	c. CITY OR TOWN <u>Merriam</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>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>6348 Lowell</u>	

3. NAME OF DECEASED a. (First) <u>Infant</u> b. (Middle) <u>Neuter</u> c. (Last) <u>Gladman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 18 55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>9-20-55</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>29</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>10</u> Min. <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>	
13a. FATHER'S NAME <u>Charles Gladman</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Lugett</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles M. Gladman, Merriam, Kans.</u> ADDRESS	
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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, asthma, 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* (a) <u>SACRAL TERATOMA; EXSTROPHY OF BLADDER</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONGENITAL ANOMALIES</u>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>7573</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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>David M. Gibson</u> (Degree or title) <u>MD (Pediatrics)</u>		23b. ADDRESS <u>St. Luke's Hospital, KCMO</u>		23c. DATE SIGNED <u>10/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>20 Oct '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	
DATE REC'D BY LOCAL REG. <u>10-19-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur H Hoge</u>		ADDRESS <u>Overland Park, Kans</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.....
Signature of Student Embalmer

Signed *John R. Dieder*
Licensed Embalmer No. *45*
P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.