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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37110

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 477

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MICHIGAN b. COUNTY VANBUREN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN MATTAWAN	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 INDEPENDENCE SAN. & HOSPITAL		e. STREET ADDRESS (If rural, give location) 5210 S	

3. NAME OF DECEASED (Type or Print) a. (First) EDITH	b. (Middle) DSE	c. (Last) GLIDDEN	4. DATE OF DEATH (Month) (Day) (Year) NOV 28 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED WIDOWED	8. DATE OF BIRTH MAR. 9 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) HERSEY MICH		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CHAS. N. BARTO	13b. MOTHER'S MAIDEN NAME JANET ELIZABETH COOK	14. NAME OF HUSBAND (or DECEASED) VOLNEY T. GLIDDEN (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE AND ADDRESS HERBERT L. BARTO ROUTE NO 3 INDEPENDENCE MO.
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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, ashenia, 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) Chronic congestive heart failure		2 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive + arteriosclerotic cardiovascular disease	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/29/55 to 11/28/55, that I last saw the deceased alive on 11/27/55, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vaive E. Lind, M.D.	23b. ADDRESS 1294 Lexington, Okla., Mo	23c. DATE SIGNED 11/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 30, 1955	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) INDEPENDENCE MO.
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DATE REC'D BY LOCAL REG. 12-30-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS INDEPENDENCE MO.
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(Issued Embolmer's Statement on Reverse Side)

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

MAY 15 1956

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. Duden*.....

Licensed Embalmer No...45...

P. O. Address...Kansas...

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