

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4779

State File No. \_\_\_\_\_

FILED FEB 18 1957

BIRTH NO. 6920-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 443

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>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>			d. STREET ADDRESS (If rural, give location) <u>7100 Cleveland</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenna</u> b. (Middle) <u>Jo</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1-14-57</u>		9. AGE (In years last birthday) <u>22</u> IF UNDER 1 YEAR Months <u>15</u> IF UNDER 24 HOURS Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo. U.S.</u>	
13a. FATHER'S NAME <u>David Lee Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>JoAnn Way</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. David Hughes 7100 Cleveland K.C. 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, asthenia, etc.- It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>76 hrs</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) <u>1</u>		
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 <u>1-14</u> , 19 <u>57</u> , to <u>1-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>57</u> , and that death occurred at <u>11:00 am</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert F. Lamar</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Professional Bldg -</u>		23c. DATE SIGNED <u>19/Jan/1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>25 Jan 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG <u>1-29-57</u>	REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. Feb. K.C. Mo.</u> ADDRESS		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Robert F. Lamar

221-8351

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.