

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32316

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4237		Registrar's No. 424	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Raytown		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY OR TOWN Raytown		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 6625 Balston				e. STREET ADDRESS (If rural, give location) 6625 Balston 7000			
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle) A.		c. (Last) Glass		4. DATE OF DEATH (Month) (Day) (Year) Sept 28, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, MARRIED, DIVORCED, WIDOWED Widowed		8. DATE OF BIRTH Aug 23, 1872		9. AGE (in years) (last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Berlin, Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wilhelm Bucholz		13b. MOTHER'S MAIDEN NAME Louise Abraham		14. NAME OF HUSBAND OR WIFE Ernest L. Glass			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME (Address) Nellie Mornahan 4036 Waddell St, Raytown			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with myocardial infarction					2 weeks
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p>					
		<p>DUE TO (c) Anteroseptal heart disease</p>					10 years
		II. OTHER SIGNIFICANT CONDITIONS					
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>Diabetes mellitus</p>					1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 2
		4200					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) 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 July 1957, to 28 Sept, 1957, that I last saw the deceased alive on 27 Sept, 1957, and that death occurred m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack M. Dennis M.D.				23b. ADDRESS Raytown Mo		23c. DATE SIGNED 29 Sept 57	
24a. BURIAL, CREMATION (REMOVAL) (Specify)		24b. DATE 28-30-57	24c. NAME OF CEMETERY OR CREMATORY Crest Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Mo		
DATE REC'D BY LOCAL REG. 9-30-57		REGISTRAR'S SIGNATURE James Glass		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Kelly Raytown Raytown, Mo			

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1957

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 *W. J. Taylor*

Licensed Embalmer No. 422

P. O. Address *Indep*

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.