

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014141
STATE FILE NUMBER
1610

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1610

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Length of stay in lb 16 Yrs	d. STREET ADDRESS (If outside, give location) 913 Holmes
3. NAME OF DECEASED (Type or print) First GLADYS Middle — Last CROW		4. DATE OF DEATH Month 3 Day 27 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27 1905
9. AGE (In years of birthday) 52		10. USUAL OCCUPATION (Give kind of work done or profession, trade, or occupation, even if retired) Beautician	11. BIRTHPLACE (City and state or country) Harlan, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME Lars Sorensen Nelson	
13b. MOTHER'S MAIDEN NAME Sarah Marie Lee		14. NAME OF HUSBAND OR WIFE unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) <input type="checkbox"/> If yes, give year or dates of service <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 510 14 5907	17. INFORMANT Lars Nelson Address Unknown
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Following Vaginal Hysterectomy DUE TO (c) 3° prolapse c. cervix + rectovaginal			INTERVAL BETWEEN ONSET AND DEATH 30 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by not related to the terminal disease condition given in PART I (a) (b) 314			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-5-58 to 3-27-58 and last saw her alive on 3-26-58 Death occurred on Osteopathic Hosp 6:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or wife) H. J. McAnalby M.D.		22b. ADDRESS 926 E. 11th, K.C., Mo.	22c. DATE SIGNED 3-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-27-1958	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) Ottawa, Kansas
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapel, Inc K. C. Mo		25. DATE RECD. BY LOCAL REG. 3-28-58	26. REGISTRAR'S SIGNATURE neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
H. J. Mc Analby

All diseases in Part I must be causally related.

JUN 4 1958

1044

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 *R. P. Springer*
Licensed Embalmer No. *3938*
P. O. Address *A. C. Mc*

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.