RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032464
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4547

DED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b UNK.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3955 HARRISON
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLAUDE Middle L Last McGLADE
4. DATE OF DEATH Month SEPT. Day 17, Year 1959
5. SEX MALE
6. COLOR OR RACE CAUC
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH OCT 14, 1886
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk
10b. KIND OF BUSINESS OR INDUSTRY DAIRY
11. BIRTHPLACE (City and state or country) BRUNNINGTON MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Mc Glade
13b. MOTHER'S MAIDEN NAME EMMA ROBERTS
14. NAME OF HUSBAND OR WIFE Minnie Mc Glade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-10-9617A
17. INFORMANT Richard L. McGlade Address 3935 HARRISON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 28, 1958 to Sept 17, 1959 and last saw him alive on Sept 17-1959
Death occurred at 9:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. J. Stalmach (Degree or title) MD
22b. ADDRESS 7951 State Line
22c. DATE SIGNED 9/18/59

BY AFFIDAVIT OF W. J. Stalmach

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT 19, 1959
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) KANSAS CITY (State) MO.
24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST
25. DATE RECD. BY LOCAL REG. 9-18-59
26. REGISTRAR'S SIGNATURE Nora Mendenhall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr [illegible] AMACH
7951 [illegible]
[illegible] 4-73[illegible]
1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Iro

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