...OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040060
STATE FILE NUMBER

AMENDED FILED VS NOV 23 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5338

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 10 Days	c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 7229 Agnes Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Brian	Middle: Shawn	Last: Glannon	4. DATE OF DEATH: Month November, Day 5, Year 1959
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Never Married	8. DATE OF BIRTH: Oct. 26 1959	9. AGE (last birthday): IF UNDER 1 YEAR Months, Days 10; IF UNDER 24 HR Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY: U. S. A.	
13a. FATHER'S NAME: Bernard D Glannon	13b. MOTHER'S MAIDEN NAME: Cynthia Forsythe	14. NAME OF HUSBAND OR WIFE: None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mr. Bernard D. Glannon — Address: Kansas City Missouri 7229 Agnes Ave.		

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) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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 Birth to 11-3-59 and last saw him alive on 11-5-59
Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Frank S. Hogue

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Frank S. Hogue, M.D.	315 Nichols Rd.	11-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	11/6/1959	Calvary Cemetery	Kansas City Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
D.W. Newcomers Sons	1331 Brush Creek Blvd. Kansas City Missouri	11-6-59	Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Albert L Savage

Signature of Student Embalmer

Licensed Embalmer No. 4812

P.O. Address Kansas C

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