

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001568

FILED VS. JAN 25 1960 149

Registration District No. 1002 Registrar's No. 146

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 8 Days | c. CITY OR TOWN Kansas City Mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 415 W 46 St Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) Stephen Dennis Glenn | | | 4. DATE OF DEATH Month 11 Day 9 Year 60 | | | |
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH I. I. 60 | 9. AGE (last birthday) 8 Days | IF UNDER 1 YEAR Months 8 Days 8 Hours Min. | IF UNDER 24 HR Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Kansas City MO. | 11. BIRTHPLACE (City and state or country) K. C. Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. |
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| 13a. FATHER'S NAME Luther A Glenn Jr | 13b. MOTHER'S MAIDEN NAME Claudia K Combs | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Luther A Glenn Jr 415 W46 ST |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Geo C Kealhofer</i> (Degree or title) | 22b. ADDRESS 6627 Grand North Ave | 22c. DATE SIGNED 1-10-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE I. I. 60 | 23c. NAME OF CEMETERY OR CREMATORY Mt Hope | 23d. LOCATION (City, town, or county) (State) Kansas City Kansas |
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| 24. FUNERAL DIRECTOR Stine McClure ADDRESS K. C. Mo | 25. DATE RECD. BY LOCAL REG. 1-11-60 | 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Geo C Kealhofer

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 _____
Signature of Student Embalmer

Signed Joe B. Yoder

Licensed Embalmer No. 417

P. O. Address K.C.

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.