URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010854

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1779

ENDED

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 43 Yrs	c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 6024 E. 10th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First Glennie	Middle Autumn	Last Clair	4. DATE OF DEATH	Month March 26, Day Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8-25-96	9. AGE (last birthday) 63	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cedar Co Missouri	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William S Burton	13b. MOTHER'S MAIDEN NAME Eva Clayton	14. NAME OF HUSBAND OR WIFE Clarence Clair			
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. No	17. INFORMANT Clarence Clair	Address 6024 E 10th St K C Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma	1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of Liver	2 yrs
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 3-10-60, to 3-26-60 and last saw her/him alive on 3-25-60

Death occurred at 1:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Marcus Heller, M.D.	22b. ADDRESS 409 [illegible]	22c. DATE SIGNED 3-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 28 1960	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR ADDRESS Sheil Fun3ral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 3-28-60	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF B. Marcus Heller

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 7854

P. O. Address _____

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