URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

60-015332

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2298

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: 50 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital
Inside Limits: Yes ☐# No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☐# No ☐
d. STREET ADDRESS (If outside, give location): 8100 Wornall Rd.
Reside on Farm: Yes ☐ No ☐#

3. NAME OF DECEASED (Type or print): First: Katherine Middle: C. Last: Gladden
4. DATE OF DEATH: Month: April Day: 23 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐# Divorced ☐
8. DATE OF BIRTH: April 19, 1876
9. AGE (last birthday): 84
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): Leavenworth Kans.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Vincent Vetten
13b. MOTHER'S MAIDEN NAME: Augusta Thompsin
14. NAME OF HUSBAND OR WIFE: Luther T. Gladden
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: Mrs, Schreiber Supt. Armour Home Address ~~8100 Wornall~~

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)	Myocardial insufficiency	2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial infarction	2 hrs
DUE TO (c)	Coronary Sclerosis	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis

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 Jan 1 1960 to April 20-60 and last saw her him alive on April 20.60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George K. Boyd (Degree or title) MD
22b. ADDRESS: 1630 Professional Bldg K.C.
22c. DATE SIGNED: 4/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 4/25/60
23c. NAME OF CEMETERY OR CREMATORY: DWNewcomers Sons
23d. LOCATION (City, town, or county): Kansas City (State): Mo.
24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 4-25-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF George K. Boyd

DOCUMENT

Mem. A. M. and Lg.

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 J. S. Walton

Signature of Student Embalmer

Licensed Embalmer No. 2744

P. O. Address K. C. Mo

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.