RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-015334

FILED VS MAY 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2114 STATE FILE NUMBER

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: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSP — 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): 8831 RAINBOW LANE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: Elsworth Last: GLOVER
4. DATE OF DEATH: Month: APRIL Day: 14 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: SEPT 20, 1899
9. AGE (last birthday): 60 yrs.
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): MOTOR PARTS DEV.
10b. KIND OF BUSINESS OR INDUSTRY: ON CHRYS.
11. BIRTHPLACE (City and state or country): ELSIE MICH.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ELSWORTH GLOVER
13b. MOTHER'S MAIDEN NAME: ELIZABETH ALTMAN
14. NAME OF HUSBAND OR WIFE: VERA GLOVER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 505-10-0115
17. INFORMANT: VERA GLOVER Address: 8831 RAINBOW LANE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis, cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis, Angina Pectoris, 12 hrs
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hall & Tom
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 2/7/59, to 2/14/59 and last saw ~~him~~ her alive on 4/13/60
Death occurred at Research Hosp 2:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert B. McClanahan M.D.
22b. ADDRESS: 820 Professional Bldg
22c. DATE SIGNED: 4/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APRIL 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS KC. MO.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 4-15-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert B. McClanahan MEDICAL CERTIFICATION 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 Raymond M. Hard

Signature of Student Embalmer

Licensed Embalmer No. 4913

P. O. Address Indep. M

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.