MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-039091

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 5368 Registrar's No. 494 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	7000
2	7003
3	2
4	0
5	0
6	
7	0
8	2
9	X
10	
11	700
12	91-3
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

FILED OCT 19 1962

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BLUE TOWNSHIP — Length of stay in 1b: Transit
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1½ Mile So. Clay County Line U.S. 71 By-Pass — 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: RAYTOWN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6209 MANNING — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PHILLIP Middle LE ROY Last GLICK
4. DATE OF DEATH: Month OCTOBER Day 14, Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1951
9. AGE (last birthday): 11 — 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): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: CHILD
11. BIRTHPLACE (City and state or country): KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MARVIN W. GLICK
13b. MOTHER'S MAIDEN NAME: BESSIE LEE STAMPER
14. NAME OF HUSBAND OR WIFE: NONE
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.: NONE
17. INFORMANT — Address: Mead-Pitts Funeral Home, Braymer, Mo.

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): Fractured Skull All
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Funks fractured Eviscerated
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)
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.) Cart Truck Collision
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 10 14 62
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.) Highway
20f. CITY, TOWN, OR LOCATION: Jackson COUNTY STATE mo

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.

22a. SIGNATURE (Degree or title): Hugh O'Owens Corner
22b. ADDRESS: 152 Union Station
22c. DATE SIGNED: 10 15 62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10-15-62
23c. NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY
23d. LOCATION (City, town, or county) (State): BRECKENRIDGE, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: GEO. C. CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 10-15-62
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1962

NOV 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marshall E. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

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.