T

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049408
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 135

FILED JAN 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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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

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Length of stay in 1b 109 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 111½ E. Broadway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDWARD Middle M Last GLIDEWELL

4. DATE OF DEATH Month 12 Day 29 Year 62

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/30/29
9. AGE (last birthday) 33 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William L. Glidewell
13b. MOTHER'S MAIDEN NAME Rosa Burnett
14. NAME OF HUSBAND OR WIFE Eunie Mae Glidewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) PL 28
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Eunie Mae Glidewell Jackson, Tenn — Address

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) Pneumonia, lobar, bilateral — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis, pulmonary, far advanced, active. (Right upper lobectomy)
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. VA attended the deceased from Sept. 10, 1962, to Dec. 29, 1962 and last saw her/him alive on 12/29/62
Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. T. O'Kell (Degree or title) R. T. O'KELL, M.D. Pathologist
22b. ADDRESS VA Consolidated Center Excelsior Springs, Mo.
22c. DATE SIGNED 12/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-30-62
23c. NAME OF CEMETERY OR CREMATORY unknown
23d. LOCATION (City, town, or county) (State) Memphis, Tennessee

24. FUNERAL DIRECTOR ADDRESS Richard Funeral Home, Inc. Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 12-30-62
26. REGISTRAR'S SIGNATURE Caroline Hutching

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1963

Permit received 12-29-62 GH

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 _____ Signed Lindell Jarman
Signature of Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.