

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33151

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 4185		Registrar's No. 37				
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Franklin						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Clair		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair		0360				
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) none						
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) Katherine		c. (Last) Glenn		4. DATE OF DEATH (Month) (Day) (Year) 10-10-50			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26, 1891		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 14	IF UNDER 2 HRS. Hours 14	Min. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Seline County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George W. Cair			13b. MOTHER'S MAIDEN NAME Willie Jane Miller			14. NAME OF HUSBAND OR WIFE Lloyd Glenn				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. P. H. Peterson</i>			ADDRESS St. Clair, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS				INTERVAL BETWEEN ONSET AND DEATH 5 yrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF CERVIX				DUE TO (c) UREMIA				171X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Jan 1949</u> , 19 <u> </u> , to <u>10-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-9</u> , 19 <u>50</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>John F. Pearl, M.D.</i>				23b. ADDRESS <i>St. Clair, Mo</i>		23c. DATE SIGNED <u>10-11-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Lonedell, Missouri				
DATE REC'D BY LOCAL REG. <u>10-11-1950</u>		REGISTRAR'S SIGNATURE <i>E. L. Worthington</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sherrard W. Kitchell</i>		ADDRESS St. Clair, Mo				

(I certify the Informant's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 4 1950

RECEIVED

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 _____
Student Embalmer

Signed _____

Sherwood W. Fitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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 this body is not embalmed, fact should be so stated above.