

**STANDARD CERTIFICATE OF DEATH**

State File No. **41292**

**FILED JAN 2 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Joachim</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>802 W. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 61 - Festus Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Glennon c. (Last) Null

4. DATE OF DEATH (Month) (Day) (Year) 12-23-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 13, 1928

9. AGE (In years last birthday) Months Days Hours Min. 22 5 10 \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Glassworker 10b. KIND OF BUSINESS OR INDUSTRY P.P.G. Co. 11. BIRTHPLACE (State or foreign country) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elvin Null 13b. MOTHER'S MAIDEN NAME Blanche Frazier 14. NAME OF HUSBAND OR WIFE Ruth Hill Null

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. 487-30-5817 17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Null ADDRESS Festus Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Accidental

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crushed skull from

DUE TO (c) auto accident

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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joachim Jefferson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-23-50 1:30 P.M. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? auto accident Driver

22. I hereby certify that I attended the deceased from By request, 1950, that I last saw the deceased live on 12-24, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harold J. Mahan (Degree or title) 3 Coroner De Soto, Mo. 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED 12-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-26-50 24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Memorial Park 24d. LOCATION (City, town, or county) (State) Capital City Mo.

DATE REC'D BY LOCAL REG. 12-24-50 REGISTRAR'S SIGNATURE Eleanora Council 25. FUNERAL DIRECTOR'S SIGNATURE "Junks" ADDRESS Festus Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
5500  
3  
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 12-29-50

NOV 9 1951

DEC 1 2 1951

SEP 22 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Eleanore Province*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address *Festus, 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.