

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1756

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY Linn
 b. CITY (If outside corporate limits, write RURAL and give township) Brookfield
 c. LENGTH OF STAY (In this place) 30 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 406 Macon Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Linn
 c. CITY (If outside corporate limits, write RURAL and give township) Brookfield
 d. STREET ADDRESS (If rural, give location) 406 Macon Street

3. NAME OF DECEASED
 a. (First) MINNIE b. (Middle) GLENN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
 Jan. 4, 1951

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2

8. DATE OF BIRTH Oct. 22, 1870

9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Brunswick, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John E. Foggin

13b. MOTHER'S MAIDEN NAME Hannah Morton

14. NAME OF HUSBAND OR WIFE James Thomas Glenn

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Sensintaffar, Brookfield, Mo. ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic Mellitus
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 weeks
 260X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE Mont Sweeney M.D. (Degree or title)

23b. ADDRESS Brookfield Mo.

23c. DATE SIGNED 1/6/51

24a. BY RIAL CREMATION REMOVAL (Specify) Burial

24b. DATE Jan. 6, 1951

24c. NAME OF CEMETERY OR CREMATORY Prairie Chapel

24d. LOCATION (City, town, or county) (State) Brunswick, Mo.

DATE REC'D BY LOCAL REG. 1/6/51

REGISTRAR'S SIGNATURE N B Ewing

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.

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

582

Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-70
Date Filed: JAN 20 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: *Harold B. Wright*

Signed.....
Student Embalmer

Licensed Embalmer No. *3718*

P. O. Address. *Brookfield, 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.