

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17628

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 28

|                                                                                     |  |                                           |                                                                                                                         |  |      |
|-------------------------------------------------------------------------------------|--|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|------|
| 1. PLACE OF DEATH<br>a. COUNTY Putnam Co.                                           |  |                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY Putnam |  |      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Worthington |  | c. LENGTH OF STAY (In this place)<br>Life | c. CITY (If outside corporate limits, write RURAL and give township)<br>Worthington, Mo.                                |  | 0860 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Home                                     |  |                                           | d. STREET ADDRESS (If rural, give location)<br>0                                                                        |  |      |

|                                                                                                               |                       |                                                             |                                   |             |                                   |                                                            |                                       |                                 |                                      |                                |  |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------|-----------------------------------|-------------|-----------------------------------|------------------------------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|--------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>Lewis                                                               |                       | a. (First)                                                  |                                   | b. (Middle) |                                   | c. (Last)<br>Glaspie                                       |                                       | 4. DATE OF DEATH<br>May 2, 1951 |                                      |                                |  |
| 5. SEX<br>M                                                                                                   | 6. COLOR OR RACE<br>W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>W |                                   |             | 8. DATE OF BIRTH<br>Nov. 20, 1873 |                                                            | 9. AGE (In years last birthday)<br>77 | IF UNDER 1 YEAR<br>Months<br>5  | IF UNDER 1 YEAR<br>Days<br>12        | IF UNDER 1 YEAR<br>Hours<br>12 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired farmer |                       |                                                             | 10b. KIND OF BUSINESS OR INDUSTRY |             |                                   | 11. BIRTHPLACE (State or foreign country)<br>Adair Co. Mo. |                                       |                                 | 12. CITIZEN OF WHAT COUNTRY?<br>U.S. |                                |  |

|                                                                                                                |  |                                           |  |                                                       |  |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|-------------------------------------------------------|--|
| 13a. FATHER'S NAME<br>Steve Glaspie                                                                            |  | 13b. MOTHER'S MAIDEN NAME<br>Ellia Garlon |  | 14. NAME OF HUSBAND OR WIFE<br>Clara B. Glaspie Dec.  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no |  | 16. SOCIAL SECURITY NO.<br>no             |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Ethel Schoonover |  |
|                                                                                                                |  |                                           |  | ADDRESS<br>Worthington, Mo.                           |  |

|                                                                                                                                                                                                                               |  |                                                                                                                                                               |  |  |  |                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy                                                                      |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|                                                                                                                                                                                                                               |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |                                  |  |
|                                                                                                                                                                                                                               |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br>334x                             |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 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 probably about, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 19:30 m., from the causes and on the date stated above.

|                                       |  |                                 |  |                               |  |
|---------------------------------------|--|---------------------------------|--|-------------------------------|--|
| 23a. SIGNATURE<br><i>Chas. Fowler</i> |  | 23b. ADDRESS<br>Unionville, Mo. |  | 23c. DATE SIGNED<br>May 2, 51 |  |
|---------------------------------------|--|---------------------------------|--|-------------------------------|--|

|                                                |                          |                                                         |  |                                                                 |  |
|------------------------------------------------|--------------------------|---------------------------------------------------------|--|-----------------------------------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>R | 24b. DATE<br>May 5, 1951 | 24c. NAME OF CEMETERY OR CREMATORY<br>Pleasant Home Cem |  | 24d. LOCATION (City, town, or county) (State)<br>Putnam Co. Mo. |  |
|------------------------------------------------|--------------------------|---------------------------------------------------------|--|-----------------------------------------------------------------|--|

|                                     |                                                |  |                                                  |  |                            |
|-------------------------------------|------------------------------------------------|--|--------------------------------------------------|--|----------------------------|
| DATE REC'D BY LOCAL REG.<br>5-18-51 | REGISTRAR'S SIGNATURE<br><i>Marvell Durbin</i> |  | FUNERAL DIRECTOR'S SIGNATURE<br><i>W. H. ...</i> |  | ADDRESS<br>Unionville, Mo. |
|-------------------------------------|------------------------------------------------|--|--------------------------------------------------|--|----------------------------|

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

Date Received: MAY 22 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-51-952  
Date Filed: MAY 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.....  
*Murl E. Husted*

Signed.....  
Student Embalmer

Licensed Embalmer No.....  
*3204*

P. O. Address.....  
*Annville, Pa.*

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.