

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25959**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Mo b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) Wash. Township		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Brookline		OR TOWN 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada Mo				d. STREET ADDRESS (If rural, give location) rural #1			
3. NAME OF DECEASED a. (First) EDD			b. (Middle) _____		c. (Last) GLIDEWELL		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Oct 20, 1876		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 1 WEEK Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) f. farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Greene County Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME W. P. Glidewell			13b. MOTHER'S MAIDEN NAME Rebecca Jennings		14. NAME OF HUSBAND OR WIFE Mary Glidewell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) Arteriosclerotic				INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 18, 1951 , to June 25, 1951 , that I last saw the deceased alive on June 25, 1951 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Paul L. Barone (Degree or title) MD.				23b. ADDRESS State Hosp 3 Nevada Mo		23c. DATE SIGNED June 25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-25-51	24c. NAME OF CEMETERY Bethel Hill		24d. LOCATION (City, town, or county) (State) Republic, Mo.		
DATE REC'D BY LOCAL REG. 6-30-51		REGISTRAR'S SIGNATURE Arma E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fossett Funeral Home Republic Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUL 3 1951

Dist. File

Date Filed

227-1325

2-1324

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.....

Mark C. Quinn

Signed.....

Student Embalmer

Licensed Embalmer No. *5856*

P. O. Address *Merada MD*

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.