

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5862

FILED FEB 26 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4864 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lauderdale</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stella, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rivers City, MO</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>055-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cordwell Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>EDGER</u> c. (Last) <u>GLASSFORD</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>1</u> (Year) <u>52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 3-1884</u>	9. AGE (In years last birthday) <u>68</u> # UNDER 1 YEAR <u>1</u> # UNDER 1 MONTH <u>0</u> # UNDER 1 HOUR <u>0</u> # UNDER 1 MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rivers City, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mathew Glassford</u>	13b. MOTHER'S MAIDEN NAME <u>Clina Phoenix North Glassford</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If year, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>700</u>	17. INFORMANT'S SIGNATURE OR NAME <u>North Glassford</u> ADDRESS <u>Rivers City, MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7-1-01</u> TO <u>2-9-52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-30-, 1952, to 2-3-, 1952, that I last saw the deceased alive on 3-3-, 1952, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cordwell</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Stella, MO</u>	23c. DATE SIGNED <u>2-9-52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stella, MO</u>	24d. LOCATION (City, town, or county) (State) <u>Rivers City, MO</u>
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DATE REC'D BY LOCAL REG. <u>2-14-1952</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Bros</u> ADDRESS <u>Rivers City, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 252-16

Date Filed FEB 19 1952

NEOSHO, MISSOURI

OCT 26 1954

MAY 3 1953

MAY 8 1952

MAY 7 1952

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 _____

Edwin P. Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No.

4131

P. O. Address

Pierce City, 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.