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FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5956

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 S. Wagner</u>		d. STREET ADDRESS (If rural, give location) <u>608 S. Wagner</u> <u>6</u>	

3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>	a. (First)	b. (Middle) <u>C.</u>	c. (Last) <u>GLENN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1952</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17, 1870</u>	9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ownhome</u>	11. BIRTHPLACE (State or foreign country) <u>Beaman, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>Allen Craig</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Weathers</u>	14. NAME OF HUSBAND OR WIFE <u>Perrys S. Glenn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Glenn, Sedalia, Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Sub. Nephritis</u> DUE TO (c) <u>Edema of the lungs, following Circulatory Failure</u>		<u>2 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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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? <u>592X</u>
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22. I hereby certify that I attended the deceased from 1-6, 1952, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas B. Ford M.D.</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>219 1/2 S. Olive St. Sedalia, Mo</u>	23c. DATE SIGNED <u>2-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/15/52</u>	REGISTRAR'S SIGNATURE <u>W. H. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Campbell</u>	ADDRESS <u>Sedalia, Mo</u>
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251-0 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address. Adder St

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.