

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12334

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. LENGTH OF STAY (In this place) <u>20yr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South part of town</u>		e. STREET ADDRESS (If rural, give location) <u>South part of town</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathaniel</u> b. (Middle) <u>Glasgow</u> c. (Last) <u>Glasgow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 20, 1878</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumbering</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Glasgow</u>	
13b. MOTHER'S MAIDEN NAME <u>Susie McCromick</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nathaniel Glasgow, Keytesville, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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) <u>Keytesville, Chariton, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 22, 52</u> m. _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Keytesville, Missouri</u>	
23c. DATE SIGNED <u>4/29/52</u>		23d. LOCATION (City, town, or county) (State) <u>Keytesville, Chariton, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/29/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Keytesville</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Chariton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/29-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Trask Hall Mo</u>	

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 \_\_\_\_\_

*George H. Green*

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.