

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **48722** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location) 803 Fleming	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital			

3. NAME OF DECEASED a. (First) Infant Son of Mr & Mrs Donald G Glynn (Type or Print)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 25 - 1952		
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5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH July 25 / 1952		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 1 WEEK Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo				12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME Donald G Glynn			13b. MOTHER'S MAIDEN NAME Jane Lucin Bellegrin			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Donald G Glynn		ADDRESS Cape Girardeau	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerania				INTERVAL BETWEEN ONSET AND DEATH Development	
		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. Hydramnios					

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no				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) Cape Girardeau Cape Girardeau Mo.	
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? 750x	

22. I hereby certify that I attended the deceased from **7-25, 1952** to **7-25, 1952**, that I last saw the deceased alive on **7-25, 1952**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Gibson M.D. (Degree or title)		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 7-26-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/28/1952		24c. NAME OF CEMETERY OR CREMATORY Celwyn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 7-29-52		REGISTRAR'S SIGNATURE W. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Howell		ADDRESS Cape Girardeau	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Not Embalmed

Signed _____

Student
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.