

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28747

State File No.

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5757</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Johnson)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Johnson)</u>		<u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lafayette</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Glenn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 52</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME, <u>Anderson Glenn</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Jane</u>		14. NAME OF HUSBAND OR WIFE <u>Octavia Johnson</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Glenn</u> ADDRESS <u>Safe, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>151 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>June 15, 1952</u> to <u>Aug 7, 1952</u> , that I last saw the deceased alive on <u>Aug 6, 1952</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James H. Pitts, M.D.</u>				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>Aug 14, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug, 10, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Gate Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>High Gate Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-25-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		198-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Jesse Gahr, St. James, Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement (or 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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

C. Jesse Gahr

..... Licensed Embalmer No. *4486*

Signed.....

..... Student Embalmer

..... P. O. Address *St. James, 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.