

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15027

State File No.

FILED MAY 11 1953 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) 10 Years		d. STREET ADDRESS (If rural, give location) 415 E. Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 415 E. Marshall			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Guy c. (Last) Glover		4. DATE OF DEATH (Month) (Day) (Year) March, 23, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1892
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 10 YRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Smithville, West Virginia
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Asa Glover		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maude Barker Glover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 1		16. SOCIAL SECURITY NO. 491-16-1691		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Maude Barker Glover, Charleston, Mo.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH subseq
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic heart disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4200		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Apr 1946**, to **March 23, 1953**, that I last saw the deceased alive on **March 23, 1953**, and that death occurred at **10:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. Rowling, M.D. (Degree or title)		23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 3/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/53	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.	

DATE REC'D BY LOCAL REG. 4-29-53	REGISTRAR'S SIGNATURE Dean Danchev	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Sunnee Funeral Chapel, Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 8 - 1953

MAY 7 REC'D

MAY 11 1953

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 Edward E. Fennell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.