

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22191

State File No. _____

FILED JUN 30 1953

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 231

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3720 Tilden</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>E.</u> c. (Last) <u>Glascok</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/1/1896</u>
9. AGE (in years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Month Day Hour Min. <u>9 19</u>	11. IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heel Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int'l Rubber Plt</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jake Glascok</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Crandell</u>		14. NAME OF HUSBAND OR WIFE <u>Leoto Glascok</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. <u>3720 Tilden, Oakwood, Mo.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leoto Glascok</u> <u>3720 Tilden, Oakwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia following influenza</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Aetoid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>	
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 <u>June 6, 1953</u> , to <u>June 20, 1953</u> , that I last saw the deceased alive on <u>June 20, 1953</u> and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Rubey Leving, MD</u>		23b. ADDRESS <u>Hannibal, Mo.</u>	
23c. DATE SIGNED <u>6/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/23/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London, Ralls, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/23/53</u>		REGISTRAR'S SIGNATURE <u>W. M. Lucke Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. Howell</u>		ADDRESS <u>Hannibal Mo</u>	

RECEIVED JUN 29 1953
MARION CO. HEALTH DEPT.
DATE FILED JUN 29 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 Michael J. O'Sonnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.