

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1136**

FILED FEB 3 1954		REG. DIST. NO. 382	PRIMARY REG. DIST. NO. 4228	Registrar's No. 4
1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) Glasgow	c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Glasgow		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4456		
3. NAME OF DECEASED (Type or Print) a. (First) SESCO		b. (Middle) -	c. (Last) VIVIAN	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Widowed	8. DATE OF BIRTH Aug. 5, 1883	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Man	10b. KIND OF BUSINESS OR INDUSTRY Care of Home & Yard	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Vivian	13b. MOTHER'S MAIDEN NAME Florence Smith	14. NAME OF HUSBAND OR WIFE Mattie Wright Vivian De		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	SOCIAL SECURITY NO. Not available	16. INFORMANT'S SIGNATURE OR NAME Margelle Vivian Glasgow, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH ?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		?
		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 332X			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) (Min.)	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 3-6- , 19 53 , to 1-1 , 19 54 , that I last saw the deceased alive on 1-1 , 19 54 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. C. Allen M.D.		23b. ADDRESS Glasgow, Mo.		23c. DATE SIGNED Jan. 26, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) Glasgow, Mo.	
DATE REC'D BY LOCAL REG. Jan. 27, 1954	REGISTRAR'S SIGNATURE Walker Gudsley	410-1	25. FUNERAL DIRECTOR'S SIGNATURE Freemont Glasgow, Mo.	

(Licensed Embalmer's Statement on 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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.