

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12781

State File No. ....

FILED APR 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5828 Registrar's No. 35

0720  
1

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Rural Mattheus Pk</u>		c. CITY OR TOWN <u>Rural Mattheus Rt # 1</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Mattheus Rt # 1 0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eloise</u>		b. (Middle) <u>—</u>	
c. (Last) <u>Glaspie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>e</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. M.</u>	8. DATE OF BIRTH <u>22 Feb. 1954</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Henry Glaspie</u>		13b. MOTHER'S MAIDEN NAME <u>Rozalia McKimken</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Henry Glasgow</u>		ADDRESS <u>Mattheus Pk</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral anoxia at birth</u> 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 _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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>30 Mar.</u> , 19 <u>54</u> , to <u>3 Apr.</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>3 Apr.</u> , 19 <u>54</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles C. Healy</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>14 Apr. 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24b. DATE <u>4 Apr. 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Freewell Baptist Church</u>		24d. LOCATION (City, town, or county) (State) <u>Pt. Abert, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-54</u>		REGISTRAR'S SIGNATURE <u>Nelen Lou Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>		ADDRESS _____	

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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.

Signed.....

Signed.....  
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.**