

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23697

Stat File No. _____ Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763

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) OR TOWN <u>Philadelphia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia 0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Merritt</u> c. (Last) <u>Glascock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 '54</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 8, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR: Days <u>10</u> Hours <u>13</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Quincy, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Morgan Glascock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Ship</u>		14. NAME OF HUSBAND OR WIFE <u>Anna L. Schister Glascock</u>	
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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>have</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Glascock</u> ADDRESS <u>Philadelphia</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senescent arteriosclerosis</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4500</u>	
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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 _____	
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22. I hereby certify that I attended the deceased from _____, 1951, to June, 1954, that I last saw the deceased alive on 26 June, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wyeth Darnlin M.D.</u>		23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>24 July 1954</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia (Rural), Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-27-54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>By Viola Lewis</u> ADDRESS <u>Phyllis J. Feaster Philadelphia Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 30 1954
MARION CO. HEALTH DEPT.
DATE FILED JUL 30 1954

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe Co

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.