

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39435

State File No. _____

No. 300
10.48

FILED DEC 6 1955

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|--|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>381</u> | | PRIMARY REG. DIST. NO. <u>4515</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>MILAN</u> | | c. LENGTH OF STAY (in this place) <u>5 hrs. 20 min.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>MILAN</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULL. CO. MEM. HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rt. #4</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> | | b. (Middle) <u>LYLE</u> | | c. (Last) <u>GLIDEWELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 1955</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>11-2-1938</u> | |
| 9. AGE (In years last birthday) <u>17</u> | | IF UNDER 1 YEAR Months <u>23</u> Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>JOHN WM. GLIDEWELL</u> | | | 13b. MOTHER'S MAIDEN NAME <u>NORA MONTGOMERY</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>AUDREY SWEARENGEN</u> | | ADDRESS <u>MILAN, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rifle wound in R. side Head. Penetrating Brain.</u> INTERVAL BETWEEN ONSET AND DEATH <u>11/25/55 This.</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. <u>9191</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>43</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Milan, Polk town, Sullivan, Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 22, 1955 10:00 P.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>while hunting fell - gun discharged</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 22, 1955</u> , to <u>Nov. 25, 1955</u> , that I last saw the deceased alive on <u>Nov. 22, 1955</u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ernest D. O. Harrison, D.O.</u> | | | | 23b. ADDRESS <u>Milam, Mo.</u> | | 23c. DATE SIGNED <u>Nov 25 - 55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>NOV 27 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>MILAM MO</u> | |
| DATE REC'D BY LOCAL REG. <u>11-29-55</u> | | REGISTRAR'S SIGNATURE <u>Mrs. N. B. Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>General Service Milan</u> | | ADDRESS _____ | |

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.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3792

P. O. Address Melrose, Mass.

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.