

FILED FEB 14 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 1995

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 43

|   |                                  |  |   |  |   |   |   |
|---|----------------------------------|--|---|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Rolls</u>  |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Hannibal</u>   |                                  | c. LENGTH OF STAY (In this place)<br><u>10/7/55</u>  |   | c. CITY OR TOWN<br><u>New London</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Levering Hospital</u>   |                                  |  |   | • STREET ADDRESS (If rural, give location)<br><u>0870</u>  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br><u>Henry Hobson Glascock</u>  |                                  |  | a. (First) _____ b. (Middle) _____ c. (Last) _____            |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>February 5, 1956</u>   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                               | 8. DATE OF BIRTH<br><u>September 5, 1879</u>                  |  | 9. AGE (In years last birthday)<br><u>76</u>                                | IF UNDER 1 YEAR<br>Months <u>5</u>  | IF UNDER 4 HRS.<br>Hours <u>_____</u> Min. <u>_____</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Telephone Exchange</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Marion County Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u>  |   |
| 13a. FATHER'S NAME<br><u>Stephen Glascock</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Henry Etta Gentry</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Ruth Wood Glascock</u>   |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Richard Glascock New London Missouri</u>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Complete Heart Block</u> |   |   |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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 <u>2-23-54</u> , 19 <u>54</u> , to <u>2-5-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-5-56</u> , 19 <u>56</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above. |                                  |  |   |  |   |   |   |
| 23a. SIGNATURE<br><u>[Signature]</u><br>(Degree or title) <u>C</u>  |                                  |  |   | 23b. ADDRESS<br><u>M.D. 100 N. Sixth, Hannibal, Mo.</u>  |   | 23c. DATE SIGNED<br><u>2-6-56</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>2/7/56</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Barklev Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>New London Missouri</u> |   |   |
| DATE REC'D BY LOCAL REG.<br><u>2-7-56</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u>   |   | ADDRESS<br><u>Hannibal Missouri</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 8 1956  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 8 1956

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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  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H Crawford Smith*  
.....  
Licensed Embalmer No:K

P. O. Address...Hanniba

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.