

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12803**

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY OR TOWN <u>Salem Township-Rural</u>	c. LENGTH OF STAY (in this place) <u>72 Yrs</u>	c. CITY OR TOWN <u>Coffey</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coffey, Mo. (1 Mile South)</u>		- STREET ADDRESS (If rural, give location) <u>Coffey, Mo. (1 Mile South)</u>	

3. NAME OF DECEASED (Type or Print) <u>Harriett Florence Glaze</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>April 16, 1956</u>	(Month) (Day) (Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 8, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Landowner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dayton, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Elkane Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hull</u>	14. NAME OF HUSBAND OR WIFE <u>Mordecai O. Glaze</u>
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>493-42-4858</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Perry E. Glaze, Coffey, Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 April 14, 1956, to April 15, 1956, that I last saw the deceased alive on April 15 and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>Jameson, Missouri</u>	23c. DATE SIGNED <u>4-18-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>4-20-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Pattonsburg, Mo.</u>
---	--	---	---------------------------------

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Garvin Quist*.....

Licensed Embalmer No. *409*

P. O. Address *Patton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.