

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27641

State File No. _____

FILED AUG 28 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 281

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>Hannibal</u>	c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>116 South Sixth St.</u>		e. STREET ADDRESS (If rural, give location) <u>116 South Sixth St. 26470</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>GLASCOCK</u>	4. DATE OF DEATH (Month) <u>8</u> (Day) <u>6</u> (Year) <u>56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 30, 1870</u>	9. AGE (In years, Months, Days) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Phil Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Teresa Ward</u>	14. NAME OF HUSBAND OR WIFE <u>Benjamin F. 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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lowe K. Glascock</u>	ADDRESS <u>116 S. Sixth St.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		<u>8 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		<u>10 yrs.</u>
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"/>
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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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 8, 1956, to Aug 6, 1956, that I last saw the deceased alive on Aug 1, 1956, and that death occurred at 5:00 P.M. my, from the causes and on the date stated above.

23a. SIGNATURE <u>Allen R. Miller D.O.</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>8-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centenary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls Co. Missouri</u>
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DATE REC'D BY LOCAL REG <u>8/20/56</u>	REGISTRAR'S SIGNATURE <u>W. E. Lucks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Selwitz</u>	ADDRESS <u>Hannibal, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

189-0

RECEIVED AUG 27 1956

MARION CO. HEALTH DEPT.

DATE FILED AUG 27 1956

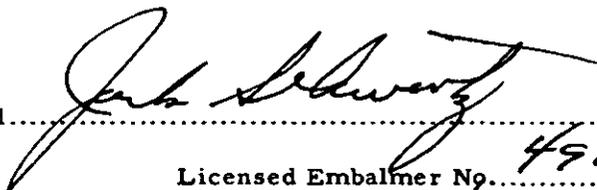
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 4900

P. O. Address Summit

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.