

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. **31650**

BIRTH NO. **92350-56** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where <del>deceased</del> lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 1/2 da.</b>		e. STREET ADDRESS (If rural, give location) <b>Safe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Co Memorial Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) c. (Last) <b>Glenn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 22 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept 21, 1956</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rolla, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Edgar Glenn</b>		13b. MOTHER'S MAIDEN NAME <b>Bernice Elizabeth Plainer</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edgar Glenn, Safe, Missouri</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature infant, slightly over 6 months - Premature labor -</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES <b>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
		DUE TO (b) <b>Atelectasis</b>		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS <b>Atelectasis</b>		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7625</b>		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)		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 **Sept 21, 1956**, to **Sept 22, 1956**, that I last saw the deceased alive on **Sept 22, 1956**, and that death occurred at **12:02 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard E. Meyer, M.D.</b>		23b. ADDRESS <b>Newburg, Mo.</b>		23c. DATE SIGNED <b>Sept 23 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 23 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>High Gate Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>High Gate, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Baker</b>		ADDRESS <b>H. James, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept. 24, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>			

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

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RECEIVED

Phelps County Health Officer,

County File Number 935

Date Filed OCT 1 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 *C. Jesse Gahr*

Licensed Embalmer No. 4486  
200 So Meramec  
P. O. Address St. James, Mo.

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.