

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARK b. COUNTY WHITE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEVELY, MO.		c. CITY OR TOWN BALD KNOB	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)		e. STREET ADDRESS (If rural, give location) BALD KNOB TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) SALLEY	a. (First)	b. (Middle) M.	c. (Last) GLAZE	4. DATE OF DEATH (Month) (Day) (Year) DEC. 1, 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 15, 1888	9. AGE (In years last birthday) Months Days Hours Min. 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BALD KNOB, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME TOM HIBBENS	13b. MOTHER'S MAIDEN NAME ANNE GIBBONS	14. NAME OF HUSBAND OR WIFE JAMES E. GLAZE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. TROY GLAZE RR#2, FESTUS, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension		
	DUE TO (c) Nephrosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus 446X		

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)	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 **Oct 15, 1956**, to **Nov 30, 1956**, that I last saw the deceased alive on **Nov 30, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William D. Rogers M.D.	23b. ADDRESS Festus, Mo.	23c. DATE SIGNED Dec 1, 1956
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE DEC. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY BALD KNOB CEMETERY
DATE REC'D BY LOCAL REG. 12-1-56	REGISTRAR'S SIGNATURE James G. Rogers	24d. LOCATION (City, town, or county) (State) BALD KNOB ARK.
25. FUNERAL DIRECTOR'S SIGNATURE FORBES-COLLISON FUNERAL HOME		ADDRESS BALD KNOB, ARK.

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 4 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. 4309
P. O. Address CRYSTAL C

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.