Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16109
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5055 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora R-2 (Capps Creek) — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9 Miles South — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Aurora R-1 005 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 9 Miles Miles South — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fay Middle Silas Last Glover

4. DATE OF DEATH Month Day Year May 9-1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 29-1904
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months 11 Days 10 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Fauey County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eff. Glover
14. MOTHER'S MAIDEN NAME Catherine Sportsman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 497-22-8051
17. INFORMANT Lena Chloe Glover Address Aurora R 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Electrical Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ~~Electricity~~ Lighting
DUE TO (c) 9351
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Struck by lighting 005
20c. TIME OF INJURY 4:30 Hour a. m. ~~p. m.~~ Month, Day, Year 5-9-57
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION 9 mi South of Aurora COUNTY Barry STATE Mo.

21. I attended the deceased from after death, to _____ and last saw her/him ~~alive~~ on May 9, 1957
Death occurred at about 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Doyle E. Williamson Coroner 3
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 5-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/13/57
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Maple Park
23d. LOCATION (City, town, or county) Aurora (State) Mo

24. FUNERAL DIRECTOR Oscar L. Marsh ADDRESS Aurora Mo
25. DATE RECD. BY LOCAL REG. 5-18-57
26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 557-81

DATE REC. 5-20-57

MAY 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....myself...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Oscar L. Marsh

Licensed Embalmer No. 381

P. O. Address Purdw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.