

Health, Welfare, Public Service, 300-1-56, 35, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23378

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		Length of stay in 1b	d. STREET ADDRESS Novinger		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Marie Last Glaspie			4. DATE OF DEATH July 11, 1957 Month Day Year		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1942	9. AGE (In years last birthday) 15 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Novinger Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leo Glaspie			14. MOTHER'S MAIDEN NAME Celesta May Knox		
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 Address Mrs. Celesta Glaspie, Novinger, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory failure</i> DUE TO (b) <i>Intestinal anaphylaxis</i> DUE TO (c) <i>undetermined etiology</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>few hours</i> <i>15 hours</i> <i>unknown</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Jan 17, 1956</i> to <i>July 11, 1957</i> and last saw her <i>her</i> alive on <i>July 11, 1957</i> Death occurred at <i>4:50 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>George H. Scheuer, D.O.</i> (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED <i>July 12, 1957</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/57	23c. NAME OF CEMETERY OR CREMATORY Hazel Creek Union		23d. LOCATION (City, town, or county) Adair County, Mo.	
24. FUNERAL DIRECTOR <i>Paul W. Riley</i> , Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 7-13-57	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Kenneth E. Hayes

Licensed Embalmer No. *48*

P. O. Address *Keokuk, Ill.*

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