

FILED JUL 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23522**

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. LENGTH OF STAY (In this place) 0yrs		c. CITY OR TOWN Lutesville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				e. STREET ADDRESS (If rural, give location) 209^c 0			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) BAKER c. (Last) GLENN			4. DATE OF DEATH (Month) (Day) (Year) 7-20-57				
5. SEX M b. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1880		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rail-engineer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Anna, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WM A. Glenn		13b. MOTHER'S MAIDEN NAME Mollie Vancel		14. NAME OF HUSBAND OR WIFE Cathern			
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. 713-05-4847		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Cathern Glenn Lutesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Masses myocardial infarction.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Coronary Thrombosis</p> <p>DUE TO (c) Arterteriosclerosis.</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. 4201</p>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Coronary				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 7/20 , 19 57 and that death occurred at 10:00a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Coroner Mrs. Knicker				23b. ADDRESS 3 Lutesville Mo.		23c. DATE SIGNED 7/21/57	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-57		24c. NAME OF CEMETERY OR CREMATORY Beechwood		24d. LOCATION (City, town, or county) (State) Mounds, Ill.	
DATE REC'D BY LOCAL REG. 7/21/57		REGISTRAR'S SIGNATURE Mrs. Buford Crider		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gene Hart, Lutesville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 1 1957

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 *R. O. Laird*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.