FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23887
STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nixa — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA Dr.Harold Shaffer Residence — Length of stay in 1b: 5 mins.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stone
c. CITY OR TOWN: Ponce de Leon 104 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 1 mile North — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First: JODA Middle: E. Last: GLOSSIP
4. DATE OF DEATH: Month July Day 10 Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 1,1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — 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: ---
11. BIRTHPLACE (City and state or country): Ponce de Leon, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph Glossip
14. MOTHER'S MAIDEN NAME: Martha Belle Norton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Mildred Glossip, Address: Ponce de Leon, Mo.

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — several years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-10-56 to 7-10-57 and last saw her/him alive on 7-6-57
Death occurred at 4:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold Shaffer (Degree or title) — 22b. ADDRESS: Nixa, Mo. — 22c. DATE SIGNED: 7-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/14/1957
23c. NAME OF CEMETERY OR CREMATORY: Ponce de Leon Cemetery
23d. LOCATION (City, town, or county) (State): Ponce de Leon, Missouri
24. FUNERAL DIRECTOR: Glenn Harris — ADDRESS: Clever, Mo.
25. DATE RECD. BY LOCAL REG.: July 18, 1957
26. REGISTRAR'S SIGNATURE: Aline Hutter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J Dean Harris.....

Licensed Embalmer No. 439

P. O. Address ....Clever,

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.