

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44202**

FILED JAN 13 1958

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Willow Springs</u>		c. LENGTH OF STAY (In this place) <u>hrs</u>		c. CITY OR TOWN <u>Alden</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				3. STREET ADDRESS (If rural, give location) <u>460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Farrest</u> b. (Middle) <u>Fowler</u> c. (Last) <u>Glass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-57</u>				
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>6-9-1901</u>	
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springville Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Theatre operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>H. A. Glass</u>		13b. MOTHER'S M maiden name <u>Clay Fowler</u>	
13c. FATHER'S NAME		13d. MOTHER'S M maiden name		14. NAME OF HUSBAND OR WIFE <u>Orleta Glass</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orleta Glass</u>		17. ADDRESS <u>Alden Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>ABOUT 6 HOURS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>		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 <u>12/28, 1957</u> to <u>12/28, 1957</u> , that I last saw the deceased alive on <u>12/28, 1957</u> , and that death occurred at <u>6:20 PM</u> from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Wm. Perkins, M.D.</u>	
23b. ADDRESS <u>Willow Springs, Mo</u>		23c. DATE SIGNED <u>12/31/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-30-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>W. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Alden, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas L. Henderson</u>		25. ADDRESS <u>Faberlons West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-13-58</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		25. ADDRESS	

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

JAN 23 1958

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 *A. J. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.