

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sw 58-005006
State File No.

FILED FEB 20 1958

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Arbyrd</u>		c. CITY OR TOWN <u>Arbyrd</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		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 <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>03rd St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Bascom</u> c. (Last) <u>M^s Glawn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1958</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 5, 1893</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>James M^s Glawn</u>		13b. MOTHER'S MAIDEN NAME <u>Arter Coates</u>		14. NAME OF HUSBAND OR WIFE <u>Belle M^s Glawn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Belle M^s Glawn - Arbyrd, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteritis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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) <u>4500</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 Dec 27, 1957, to Feb 5, 1958, that I last saw the deceased alive on 4 Feb, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mr. Swafford</u>		23b. ADDRESS <u>Cardwell Mo</u>		23c. DATE SIGNED <u>12 Feb 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Senath, Mo. Rt.</u>		DATE REC'D BY LOCAL REG. <u>2-15-58</u>		REGISTRAR'S SIGNATURE <u>Sue Palenske</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Service - Senath, Ark.</u>					

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

57.2

RECEIVED DUNKLIN COUNTY
DEPARTMENT 2-18-4
COUNTY FILE NUMBER 25

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 *Monte F. Brimes*.....

Licensed Embalmer No. 5032

P. O. Address *Lacksville, Va.*

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.