

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008870  
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-28

1. PLACE OF DEATH a. COUNTY <b>Dade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dadeville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Dadeville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Dadeville</b>		Length of stay in 1b <b>89 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>(No Street address)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle Last <b>Glenn</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>16</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10 1869</b>		9. AGE (In years last birthday) <b>89</b> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Dade Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Glenn</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Freedle</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah A. Glenn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <b>Mrs. Sarah A. Glenn Dadeville</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			334X		
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 <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 _____ and last saw <sup>her</sup> alive on _____ Death occurred at <b>2:35 A.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (If agree or title) <b>J. C. Canada Local Registrar</b>		21b. ADDRESS <b>Greenfield, Mo.</b>		21c. DATE SIGNED <b>3/16/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 17 59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Corry Cemetery</b>	
24. FUNERAL DIRECTOR <b>Hurlbut Glover Joplin</b>		25. DATE REC'D. BY LOCAL REG. <b>3/16/59</b>		26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>	
(Licensed Embalmer's Statement of Reverse Side)					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
-57

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 *J. C. Canada* .....  
Licensed Embalmer No. *4196* .....  
P. O. Address *Greenfield, 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.