

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009518

FILED VS FEB 17 1960

337

Registration District No. _____ Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville, Mo.		Length of stay in 1b 86	c. CITY OR TOWN Shelbyville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Shelbyville, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle Peter Last Glover			4. DATE OF DEATH Month Feb. Day 5 Year 1960		
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpenter	11. BIRTHPLACE (City and state or country) Shelby county		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Wm. Glover		13b. MOTHER'S MAIDEN NAME Virginia Rust		14. NAME OF HUSBAND OR WIFE Edna Glover	
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. no		17. INFORMANT Address Mrs. Edna Glover, Shelbyville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis					INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <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 Feb 1 - 1960 to Feb 5 1960 and last saw ^{him} alive on Feb 5 1960 Death occurred at 11:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE P. C. Archer M.D. (Degree or title)			22b. ADDRESS Shelbyville, Mo		22c. DATE SIGNED 2-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb, 8, 1960	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Shelbyville Mo.
24. FUNERAL DIRECTOR Greening Shelbyville, Mo.			25. DATE RECD. BY LOCAL REG. Feb 12 - 1960		26. REGISTRAR'S SIGNATURE Ada Garrison

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles V. Green

Licensed Embalmer No. 462
P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.