RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025723
STATE FILE NUMBER

FILED VS JUL 25 1960 Registration District No. 10 Primary Registration District No. 5034 Registrar's No. 168

IDED

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Prairie Township
Length of stay in 1b: 60 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3Mi. North Of Laddonia, Mo.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Audrain
c. CITY OR TOWN: Laddonia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3Mi North Of Laddonia, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Edward Last Glennon
4. DATE OF DEATH: Month 7 Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-8-1877
9. AGE (last birthday): 82
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Callowsy County Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Peter Glennon
13b. MOTHER'S MAIDEN NAME: Shaw
14. NAME OF HUSBAND OR WIFE: Anna Glennon
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.: 489-42-9128
17. INFORMANT: Anna Glennon Address: Laddonia, 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): Cerebral thrombosis c left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Paroxysmal auricular fibrillation — Paroxysmal
DUE TO (c): Arteriosclerotic heart disease — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 15, 1951, to July 11, 1960 and last saw him alive on 7/8/60
Death occurred at 2130 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Evan Glennon MD
22b. ADDRESS: Laddonia, Mo
22c. DATE SIGNED: 7/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-13-1960
23c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
23d. LOCATION (City, town, or county) (State): Laddonia, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wilkey & Bienhoff Laddonia, Mo.
25. DATE RECD. BY LOCAL REG.: July 13-1960
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

2:30 AM

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 26 1960

JAN 9 1963

OCT 30 1962

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 Clyde C. [illegible]

Licensed Embalmer No. 382[illegible]

P. O. Address Perry, [illegible]

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