

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-045508
STATE FILE NUMBER

FILED JAN 2 1962
Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 219

V. S. 300
Rev. 1-57
0595

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Caldwell		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge 01302		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hosp		Length of stay in 1b 5 Hours	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Leroy Glick			4. DATE OF DEATH Month Day Year 12 22 61		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Cauc white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/12/99		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Implement Dealer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) Breckenridge, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Archie Allen Glick		13b. MOTHER'S MAIDEN NAME Margaret Ponting	
14. NAME OF HUSBAND OR WIFE Hortense Glick		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. Unknown	
17. INFORMANT Hortense Glick		Address Breckenridge, 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) <u>Medullary Fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Serminal Pneumonia</u> DUE TO (c) <u>Diabetic Acidosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Viral influenza</u>	
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.) <u>260X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Breckenridge, Mo		COUNTY		STATE	
21. I attended the deceased from <u>12-12-61</u> to <u>12-22-61</u> and last saw ^{him} alive on <u>12-22-61</u> Death occurred at <u>1:00</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Shwoelbright</u>		(Degree or title) 2		22b. ADDRESS Breckenridge, Mo	
22c. DATE SIGNED 12-23-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 24, 1961	
23c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery		23d. LOCATION (City, town, or county) Breckenridge, Mo.		(State)	
24. FUNERAL DIRECTOR Mead-Pitts		ADDRESS Breckenridge, Mo.		25. DATE RECD. BY LOCAL REG. Dec 23, 1961	
26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>					

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2-0

JAN 8 1962

FEB 15 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 me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John W. Pitts*

Licensed Embalmer No. *5074*

P. O. Address *Bryanes, Md*

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.