

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002315

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 179

FILED FEB 4 1963

VS 300 Rev. 4/59	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
8550							
20410							
3							
4 1							
5 1							
6							
7 0							
8 2							
9466 X							
10							
11							
1286-0							
13 1-0							

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marionville</b>		Length of stay in 1b <b>4 months</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Methodist Manor</b>		d. STREET ADDRESS (If outside, give location) <b>R F D</b>	
3. NAME OF DECEASED (Type or print) <b>Josie B. Glaze</b>		4. DATE OF DEATH Month <b>January</b> Day <b>16</b> , Year <b>1963</b>	
5. SEX <b>Female</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 3, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cainsville, Missouri</b>
13a. FATHER'S NAME <b>A. J. Bush</b>		14. NAME OF HUSBAND OR WIFE <b>Carl Glaze</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		17. INFORMANT Address <b>The Ozark Methodist Manor, Marionville, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis of deep femoral vein with continuation extended to inferior vena cava causing gangrene of pelvic organs</b> which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>October 15, 1962</b> to <b>January 16, 1963</b> last saw her alive on <b>January 6, 1963</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ernest L. Belsey M.D.</i> (Degree or title)		22b. ADDRESS <b>Cherson, Mo.</b>	
22c. DATE SIGNED <b>January 16, 1963</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Jan. 16, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cainsville, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bradford-Surridge Fun. Home, Marionville Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 1-23-63</b>	26. REGISTRAR'S SIGNATURE <i>George Langley</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1963

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 William A. Fulkes

Licensed Embalmer No. 4658  
P. O. Address Marionville

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.