

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027679

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 FILED JUL 22 1963

Primary Registration District No. 3013

Registrar's No. 69

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0251
2 0251
3
4 1
5 0
6
7 0
8 0
9 7/6.25
10
11
12 1-2
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cameron</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Cameron</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Cameron Comm. Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4-22 N. Nettleton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Kimberly</u> Middle <u>Ann</u> Last <u>Glazier</u>			4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1963</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16 1963</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>10</u>
11a. FATHER'S NAME <u>Walter E. Glazier</u>		11b. MOTHER'S MAIDEN NAME <u>Violet Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Walter E. Glazier</u>		Address <u>Cameron, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Submucosal atelectasis</u> 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
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 <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Relixy 9^{PM} 7/12/63</u> to <u>7^{PM} 7/16/63</u> and last saw her <u>alive</u> on <u>7/14/63</u> Death occurred at <u>7^{PM}</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Fred L. Nevins, D.O.</u>		22b. ADDRESS <u>7TH + Walnut, Cameron Mo.</u>	22c. DATE SIGNED <u>7/18/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 18 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	23d. LOCATION (City, town, or county) (State) <u>Cameron, Mo.</u>
24. FUNERAL DIRECTOR <u>Poland Funeral Home, Cameron, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 19 1963</u>	26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Camden, 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.