

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034803

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6145 Registrar's No. 34

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1020

2 1120

3

4 D

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12 911-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS SHOWN

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 28 1963

| | | | |
|---|------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Shelbina R.F.D.</u> Length of stay in lb. <u>All of Life</u> | | c. CITY OR TOWN <u>Shelbina</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Family Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Shelbina, Mo. R.F.D. 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>James Ernest Glenn</u> | | | 4. DATE OF DEATH Month Day Year <u>July 3, 1963</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-13-1884</u> |
| 9. AGE (last birthday) <u>78</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state of country) <u>Shelby County, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Robert Glenn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alvica Gaines</u> | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Flossie Glenn</u> Address <u>Shelbina, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive heart failure</u> DUE TO (b) <u>Atherosclerosis Congestive heart failure</u> DUE TO (c) <u>Cerebral Thrombosis causing paralysis of side</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Heat exhaustion & dehydration</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>July 2-3</u> <u>do not know</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 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.) | |
| 21. I attended the deceased from <u>July 2 1963</u> to <u>July 3 rd</u> and last saw ^{him} alive on <u>July 3 rd, 1963</u> Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Gladys Bauer Do</u> | | 22b. ADDRESS <u>Shelbina, Mo.</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Bacon Chapel</u> | | 22d. LOCATION (City, town, or county) (State) <u>Shelby County, MO.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7-6-1963</u> | |
| 24. FUNERAL DIRECTOR <u>Greening-Clarence, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7/5/63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Helen Allison</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

Permit Renewal 7/5/63 (21.8)

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 Charles V. Keeney

Licensed Embalmer No. 4625

P. O. Address Clarence

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.