

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 70

Primary Registration District No. 5283 Registrar's No. 70

STATE FILE NUMBER

663-047379

FILED DEC 17 1963

VS 300 Rev. 4/59 1 230 2 023 3 4 0 5 2 6 7 0 8 2 9 7124 10 11 12 90-0 13 20	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF
1. PLACE OF DEATH a. COUNTY <u>Clark</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Township</u> Length of stay in 1b <u>21 yrs.</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Residence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u> c. CITY OR TOWN <u>Kahoka</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wade Hampton Glasscock</u> 4. DATE OF DEATH Month Day Year <u>Dec. 5 1963</u>													
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>8/12/1886</u> 9. AGE (last birthday) <u>77</u> 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) <u>Farmer</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Selfemployed</u> 11. BIRTHPLACE (City and state or country) <u>Franzco Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>													
13a. FATHER'S NAME <u>John Glasscock</u> 13b. MOTHER'S MFDEN NAME <u>Jane Johnson</u> 14. NAME OF HUSBAND OR WIFE <u>Amelia Glasscock</u>													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address <u>Evie Glasscock - Kahoka Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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 checked="" type="checkbox"/> No <input 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 _____ to _____ and last saw him alive on <u>12-1-63</u> Death occurred at <u>10:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deduce or title) <u>R.H. Wilcox</u> 22b. ADDRESS <u>Kahoka Mo.</u> 22c. DATE SIGNED <u>12-12-63</u>													
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u> 23b. DATE <u>Dec. 8-1963</u> 23c. NAME OF CEMETERY OR CREMATOR <u>Bethlehem Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Clark Mo.</u>													
24. FUNERAL DIRECTOR ADDRESS <u>Wesley Leetley - Kahoka</u> 25. DATE RECD. BY LOCAL REG. <u>Dec 14-63</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</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 Alan S. Lutton

Licensed Embalmer No. 2965

P. O. Address Lynchburg, Va.

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.