

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13 86

Primary Registration District No. 4142

Registrar's No. 1

26
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME Dr. Clark S. Glover

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Glover 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	8	12	hr. min.
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9. Birthplace Russellville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business Retired Medical Doctor

12. Name Richard B. Glover

13. Birthplace Near Russellville, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy E. Short

15. Birthplace Near Russellville, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. S. Glover

(b) Address Russellville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cemetery

18. (a) Signature of funeral director Hugo H. Schubert

(b) Address Russellville, Mo.

19. (a) Jan 7, 1943 (Date received local registrar) (b) Mrs. E. W. Pleummer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Russellville, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Fifth
year 1943 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to Jan 5, 1943; that I last saw him alive on Jan 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration two months

Due to Coronary Occlusion 1 1/2 yr

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) gk

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. M. Elshart (M. D. or other) D. O.

Address Russellville, Mo. Date signed 1/7/43

copies
295
/x 3

937

JUN 12 1943.

MAY 6 1943

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Hugh H Schubert*

Licensed Embalmer No. *2820*

P. O. Address *Russellville, Mo*

MAY 21 1943

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 this body is not embalmed, above space should be left blank.