No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946
Registration District No. 27

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 3369

Registrar's No. 6

**1. PLACE OF DEATH:**

(a) County: Mercer
(b) City or town: Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Harrison 41
(c) City or town: Cainsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

**3. (a) PRINT FULL NAME:** Daniel Redkey Glaze

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 1

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: February (Month) 8 (Day) 1860 (Year)

8. AGE: Years 85 | Months 11 | Days 0 | If less than one day: hr. min.

9. Birthplace: Harrison county, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Samuel Glaze

13. Birthplace: a Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Kelbourne

15. Birthplace: Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hall Baker
(b) Address: Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakdale Cemetery

18. (a) Signature of funeral director:
(b) Address: Cainsville, Missouri

19. (a) 1-29-46 (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month January day 12th year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 9, 1946 to Jan. 12, 1946 that I last saw him alive on January 12, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| chronic myocarditis with | |
| myocardial degeneration | 5yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 420
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Byron T. Axtell (M. D. or other) M. D.
Address: Princeton, Missouri Date signed 1/13/46

140 (Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

**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

Eddie J. Stoklasa, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**