V. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 381

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4515

State File No. 26508

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan
(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 83 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Milan /
(If outside city or town limits, write "RURAL")

(d) Street No. ~~No~~ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Philander Glidewell

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name of husband or wife Mary A. Shatto

6. (c) Age of ~~husband~~ or wife if alive 83 years

7. Birth date of deceased 6 (Month) 5 (Day) 1864 (Year)

8. AGE: Years 83 | Months 1 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name Lewis Glidewell
13. Birthplace Monroe Co (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Tibitha Earl
15. Birthplace dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Lee Glidewell
(b) Address Milan - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood, Conn

18. (a) Signature of funeral director [signature]
(b) Address Milan Mo

19. (a) Aug 6 - 1947 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25 year 1947 hour 12 minute 10 M.

21. I hereby certify that I attended the deceased from ___, 1945, to July 25, 1947 that I last saw him alive on July 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	5 days
Due to Bronchitis —	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Milan Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-1028
Date Filed AUG - 8 1947

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 Dwight Schroeer

Licensed Embalmer No. 2667

P. O. Address Milan - Mo

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, fact should be so stated above.