S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18549

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 218

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Boundary Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL") 3

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

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

If yes, name country .....

3. (a) PRINT FULL NAME James Glaspie

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Martha Rickroad

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

7. Birth date of deceased May (Month) 21 (Day) 1868 (Year)

8. AGE: Years 80 Months 1 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Steve Glaspie 0
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Joseph Glaspie
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cain Ford

18. (a) Signature of funeral director Paul M. Riley Dee Riley Funeral Home
(b) Address Kirksville, Mo.

19. (a) 7-2-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from June 7, 1948, to June 17, 1948, that I last saw him alive on June 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sepsis	1 week
Due to Gangrene of left Lower Leg	2 weeks
Due to Embolism of left Popliteal artery	3 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 99

PHYSICIAN
Underline the cause of 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 2

23. Signature M. T. Gutenkohn (M.D. or other) D.O.

Address Kirksville, Mo. Date signed 6-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-1185
Date Filed JUL 7 - 1948

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 Jack L. Dooley Registered Apprentice No. 222 working under my personal supervision.

Signed D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville

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.