No. 300
10.48

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11693

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 144

14 1 2

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 1wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Calloway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY Calloway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
d. STREET ADDRESS (If rural, give location) 303 W. 8th

14 1 2 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) S. c. (Last) GLOVER

4. DATE OF DEATH (Month) (Day) (Year) APR 30 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB 20, 1862
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 2 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Bellamy
13b. MOTHER'S MAIDEN NAME Martha Hart
14. NAME OF HUSBAND OR WIFE James M. Glover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. D.K.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Osa Jennyson ADDRESS Fulton Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Jaundice — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ca. of Gall Bladder — ?

DUE TO (c) — ?

II. OTHER SIGNIFICANT CONDITIONS — 155X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1949, *to* Death 19____, *that I last saw the deceased alive on* 4-30, 1949, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Brown (Degree or title) MD
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 5-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/1/49
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Fulton, Mo

DATE REC'D BY LOCAL REG. May 3-1949
REGISTRAR'S SIGNATURE Maretta Lawrence 4026
25. FUNERAL DIRECTOR'S SIGNATURE Glen C Mangin **ADDRESS** Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
MAY 11 1949
Date Filed

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.

Signed Walter J. Heine, Jr.

Signed ..... Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.