No. 300
10-48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20515

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 4
c. LENGTH OF STAY (In this place): 11 mo.s
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford 20
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba 1
d. STREET ADDRESS (If rural, give location): 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): Harriet
b. (Middle):
c. (Last): Glaser

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1949

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 19, 1851
9. AGE (In years last birthday): 97 — If under 1 year: Months / Days — 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: home
11. BIRTHPLACE (State or foreign country): Lebanon Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Middlecoff
13b. MOTHER'S MAIDEN NAME: Rachael Van Brunt
14. NAME OF HUSBAND OR WIFE: C. M. Glaser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Florence Barnett — **ADDRESS**: Cuba, 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): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility — 4 yrs

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* 7/25, 1949, *to* 6/29, 1949, *that I last saw the deceased alive on* 6/28, 1949, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenny McFarland, M.D.
23b. ADDRESS: Rolla, Mo.
23c. DATE SIGNED: 6/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/1/49
24c. NAME OF CEMETERY OR CREMATORY: Kinder Cemetery
24d. LOCATION (City, town, or county) (State): Cuba, Mo.

DATE REC'D BY LOCAL REG.: 6-29-49
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Paul A. Franklin — **ADDRESS**: Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3472

P. O. Address Cuba, Missouri

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

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