

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24001**

**FILED JUL 19 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaBelle</b>		c. LENGTH OF STAY (In this place) d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Rickards</b> c. (Last) <b>Glover</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 12 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 17, 1868</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR <b>9</b> Months <b>25</b> Days	IF UNDER 2 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Realstate</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Newark, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>
13a. FATHER'S NAME <b>Albert D. Glover</b>		13b. MOTHER'S MAIDEN NAME <b>Ellie Rickards</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Hamilton</b>
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 <b>Kathryn Hinson</b> ADDRESS <b>La Belle, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  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. <b>Prostatectomy, 1949.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Prostate gland</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1949 to <b>July 12, 1949</b> , that I last saw the deceased alive on <b>Jan 11, 1949</b> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Lillard, M.D.</b> (Degree or title)		23b. ADDRESS <b>LaBelle Mo.</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/14/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newark Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Newark Missouri</b>
DATE REC'D BY LOCAL REG. <b>7-14-49</b>	REGISTRAR'S SIGNATURE <b>P. St. Jeanning M.D.</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>J. L. ...</b> ADDRESS	

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

5600

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RECEIVED  
JUL 18 1949  
District Health Officer No. 1  
District File Number 7-49-12  
JUL 18 1949

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 myself

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. M. Loden  
Licensed Embalmer No. 4328

P. O. Address Belleville, 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.