

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34400

Registrar's No. 3757

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>3757</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> b. CITY OR TOWN <u>HANNIBAL</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CALLS</u> c. CITY OR TOWN <u>NEW LONDON, MO.</u> d. STREET ADDRESS (If rural, give location) <u>FARM EAST OF NEW LONDON, MO.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>GENTRY JAMES GLASCOCK</u> a. (First) <u>GENTRY</u> b. (Middle) <u>JAMES</u> c. (Last) <u>GLASCOCK</u> | | | 4. DATE OF DEATH <u>NOV 5 1949</u> (Month) (Day) (Year) | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>AUG 1, 1879</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 11. BIRTHPLACE (State or foreign country) <u>NEW LONDON, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>THOMAS W GLASCOCK</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANNA GENTRY</u> | | 14. NAME OF HUSBAND OR WIFE <u>SUSAN GLASCOCK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Susan Glascock</u> ADDRESS | | | |
| 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) <u>Disease of the heart due to valvular insufficiency with myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>insufficiently class III and IV</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>410X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (Min.) | | 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 <u>Oct 1, 1949</u> , to <u>Nov 5, 1949</u> , that I last saw the deceased alive on <u>Nov 5, 1949</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Santhomas M. D. O.</u> | | | | 23b. ADDRESS <u>1001 Parkway</u> | | 23c. DATE SIGNED <u>11-7-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>NOV 7, 1949</u> | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY <u>BARKLEY</u> | | 24d. LOCATION (City, town, or county) (State) <u>NEW LONDON, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-7-49</u> | | REGISTRAR'S SIGNATURE <u>W. E. M. Ducke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u> | | ADDRESS <u>Hannibal</u> | |

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

RECEIVED NOV 13 1949
WAGON CO. HEALTH DEPT.
DATE FILED NOV 12 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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph Clark*

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.