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

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36112

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington 170	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Concord		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Concord 0	
c. LENGTH OF STAY (In this place) 42 yr		d. STREET ADDRESS (If rural, give location) Near Frankclay 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Frankclay 1			

3. NAME OF DECEASED a. (First) Morton b. (Middle) Joel c. (Last) Glore			4. DATE OF DEATH Month Day Year Sept. 23, 1949		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1863	9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri 0	
13a. FATHER'S NAME Merton C. Glore		13b. MOTHER'S MAIDEN NAME Tranquilla Mosier		14. NAME OF HUSBAND OR WIFE Alice Glore	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otis Glore Frankclay, Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		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) Arteriosclerosis		
	DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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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)		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 Oct. 1848, to Sept 23, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Lake, Jr. (Degree or title) 209		23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 9-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/25, 1949		24c. NAME OF CEMETERY OR CREMATORY Glore Cemetery	
24d. LOCATION (City, town, or county) Washington County, Mo.		24e. STATE			

DATE REC'D BY LOCAL REG. Oct. 1, 1949		REGISTRAR'S SIGNATURE 338 Irene Eichenberger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bert L. Boyer Leadwood	
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RECEIVED 10-17-49

District Health Officer No. 4

File Number 10.4.9-135

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.

Student Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Ladwood Me.

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.