

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41880

State File No. _____

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 294

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

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> c. LENGTH OF STAY (in this place) <u>1 63 mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> d. STREET ADDRESS (If rural, give location) <u>205 S. Mulberry</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Ernest</u> (Middle) <u>Glover</u> (Last) <u>Glover</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>25</u> (Year) <u>1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 2-1886</u>
9. AGE (In years last birthday) <u>63</u> (Months) <u>6</u> (Days) <u>23</u> (Hours) _____ (Min.) _____		11. BIRTHPLACE (State or foreign country) <u>Maryville - Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Auction Co. Auctioneer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auction Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		13a. FATHER'S NAME <u>J. Glover</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Josie Glover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie Glover - Maryville - Mo.</u>		ADDRESS <u>Maryville - Mo.</u>	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary edema</u> ANTECEDENT CAUSES <u>coronary sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic nephritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19d. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21b. HOW DID INJURY OCCUR?	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>3-14, 1949</u> to <u>12-25, 1949</u> that I last saw the deceased alive on <u>12-25, 1949</u>, and that death occurred at <u>1:00 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>H.C. Bauman V. M. D.</u>		23b. ADDRESS <u>1312 S. Main Maryville Mo</u>	
23c. DATE SIGNED <u>12/27/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>12-27-1949</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24c. LOCATION (City, town, or county) (State) <u>Maryville Mo</u>		24d. DATE REC'D BY LOCAL REG. <u>12-31-49</u>	
24e. REGISTRAR'S SIGNATURE <u>Bess Holt</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>E.M. Otterson</u>	
24g. ADDRESS <u>Maryville Mo.</u>		24h. ADDRESS <u>Maryville Mo.</u>	



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. 326

working under my personal supervision.

Student Wm A Rich
Student Embalmer

Signed G M Peterson

Licensed Embalmer No. 2279

P. O. Address Marionville 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.