

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43388**No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <b>833</b>		PRIMARY REG. DIST. NO. <b>3074</b>		Registrar's No. <b>160</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
- a. COUNTY <b>Scott</b>		- b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston, Mo.</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Scott</b>	
- c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>131 N. Henday</b>		100 15 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Home 131 N. Henday</b>				d. STREET ADDRESS (If rural, give location) <b>131 N. Henday</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Jake</b>		b. (Middle) <b>O.</b>		c. (Last) <b>Glover</b>	
4. DATE OF DEATH		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Nov. 14, 1865</b>		9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Merchant</b>		11. BIRTHPLACE (State or foreign country) <b>Equality, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME. <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Millie Glover</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME (son) <b>Lawrence Glover Sikeston, Mo.</b>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Cardiovascular disease</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		042X	
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 <b>Nov 21, 1949</b> , to <b>Nov 21, 1949</b> , that I last saw the deceased alive on <b>Nov 21, 1949</b> , and that death occurred at <b>7:30 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. C. Citchlaw</b> (Degree or title) <b>Dr. D.</b>				23b. ADDRESS <b>Sikeston, Mo.</b>		23c. DATE SIGNED <b>11/29/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>25 Nov. 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sikeston, Scott, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 2-49</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ward's Funeral Home</b>		ADDRESS <b>Sikeston, Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 12 1949

District Health Office No.

District File Number 1249-10

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 J. E. McMillan  
Licensed Embalmer No. 4695

P. O. Address Suburban 770

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.