

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5220

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5605 Registrar's No. 8

1. PLACE OF DEATH HOME a. COUNTY JOHNSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON			
b. CITY OR TOWN KNOB NOSTER		c. LENGTH OF STAY (in this place) 32 YRS.	c. CITY OR TOWN KNOB NOSTER		05/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) WILLETTA		a. (First)	b. (Middle)	c. (Last) GLASS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 15 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1-16-1869	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) EARLEYSVILLE, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME C. C. WOOD		13b. MOTHER'S MAIDEN NAME LIZZIE M. AUSTIN		14. NAME OF HUSBAND OR WIFE DAVID A. GLASS DECEASED		
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 WALTER GLASS KNOB NOSTER				
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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Cerebral Hemorrhage 4 days			ANTECEDENT CAUSES			32 YRS
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Chr Valvular Disease						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Knob Noster Johnson Mo		
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 Feb 10, 1950, to Feb 15, 1950 that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 2:15 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) W. Raymond Baker			23b. ADDRESS Knob Noster Mo F6617-2		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY KNOB NOSTER CEMETERY		24d. LOCATION (City, town, or county) (State) KNOB NOSTER, MISSOURI		
DATE REC'D BY LOCAL REG. Feb. 17 1950	REGISTRAR'S SIGNATURE Erma L. Beatty		149	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Raymond Baker Knob Noster Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

3510

JUL 25 1950

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.....

W. Raymond Baker

Licensed Embalmer No.

4616

P. O. Address.....

Mad. Master, 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.