

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27441

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN 0495</b>	
c. LENGTH OF STAY (in this place) <b>1 MONTH</b>		d. STREET ADDRESS (If rural, give location) <b>2111 WALL ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2111 WALL ST.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>SAMUEL</b> c. (Last) <b>GLOVER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 5 1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAR. 14, 1883</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STATIONARY ENGINEER MINING</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>JOPLIN, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>CHARLES S. GLOVER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BRYANT</b>		14. NAME OF HUSBAND OR WIFE <b>MABEL GLOVER, Joplin</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 ADDRESS <b>MABEL GLOVER Joplin</b>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cerebral arteriosclerosis with demyelination -</b>				<b>17 hr +</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Diabetes mellitus</b>				<b>2 1/2 mo +</b>	
Morbidity 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.				<b>26.0X</b>	

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 Aug - 1948, to Apr 5, 1950, that I last saw the deceased alive on Dec. 4, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank L. Huff, M.D.</b>		23b. ADDRESS <b>Joplin Mo.</b>		23c. DATE SIGNED <b>12/7/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BUR. A. H.</b>		24b. DATE <b>DEC 8, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBB CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>12-7-50</b>		REGISTRAR'S SIGNATURE <b>By Walter Lempine</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WALTER GLOVER Joplin, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-11-50

Jasper County Health Office

County File Number 50-11-897

Date Filed 12-11-50

JAN 27 1955

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 \_\_\_\_\_

Lloyd McCord

Student Embalmer No. 398

working under my personal supervision.

Student Lloyd C. McCord  
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.