

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43619**

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-654 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So Greenfield Lincoln</u>		c. LENGTH OF STAY (In this place) <u>native</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0550</u>		OR TOWN <u>So Greenfield Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Residence R.B.</u>			d. STREET ADDRESS (If rural, give location) <u>R.B. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>O.</u> c. (Last) <u>Glenn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-1950</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>8-20-1899</u>		9. AGE (In years last birthday) Months Days <u>51 3 13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Caloon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>Ed Glenn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Blackwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Glenn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Heart attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alone found dead on</u> DUE TO (c) <u>Family return</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
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) _____			
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 <u>after death</u> <u>12/3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/3</u> , 19 <u>50</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Werman Surridge</u>			23b. ADDRESS <u>Marionville Mo.</u>		23c. DATE SIGNED <u>12/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>S. of Miller Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-22-50</u>		REGISTRAR'S SIGNATURE <u>W.S. Busney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S.R. Leiman</u> ADDRESS <u>Miller Mo.</u>		

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

550

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 157-135

Date Filed 1-15-51

157-135

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.

Signed _____

G. R. Linnon

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3297

P. O. Address _____

Miller 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.