

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7227

FILED MAR 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6140 Registrar's No. 20

1020

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

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hager's Grove</u>	c. LENGTH OF STAY (in this place) <u>entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hager's Grove 1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>ASBURY</u> c. (Last) <u>GLAHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1951</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>Nov. 15, 1897</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR: Days <u>1</u> Hours <u>3</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Frank Glahn</u>	13b. MOTHER'S MAIDEN NAME <u>Claudia Ashbury</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Glahn, Hager's Grove, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Glahn Hager's Grove, Mo.</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>  <u>334X</u>  <u>5-970</u>
	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. <u>arterial hypertension</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) m. _____	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 Nov 45, 1945, to Jan 12, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 4:9, m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Hailon MD</u> (Degree or title)	23b. ADDRESS <u>Clarence Mo</u>	23c. DATE SIGNED <u>2-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-1-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hager's Funeral Home</u> ADDRESS <u>Clarence Mo</u>
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Date Received: MAR 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-57-479  
Date Filed: MAR 6 1951

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 *Louis E. Hopper*

Licensed Embalmer No. *4261*

P. O. Address *Blaine, Minn.*

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.