

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7228**

FILED MAR 15 1951

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6141** Registrar's No. **24**

1020

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

| | | | | | |
|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY SHELBY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SHELBY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON TOWNSHIP | | c. LENGTH OF STAY (In this place) 4 1/2 | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON TOWNSHIP | | 1020 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HUNNEWELL MISSOURI FBI | | | d. STREET ADDRESS (If rural, give location) HUNNEWELL MISSOURI RRI | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CELESTIA b. (Middle) FAYE c. (Last) McGLOTHLIN | | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 1951 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH APRIL 21ST 1894 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months 10 Days 12 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY OWNHOME | 11. BIRTHPLACE (State or foreign country) HUNNEWELL MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME SAMUEL E. McGLOTHLIN | | 13b. MOTHER'S MAIDEN NAME MARY L. GROUT | | 14. NAME OF HUSBAND OR WIFE | |
| 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 Hubert McGlothlin Hunnewell Mo #R1 | | | |
| 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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery heart disease DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| 18. CAUSE OF DEATH (continued) 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 |
| 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 Mar 3, 1951 , to Mar 4, 1951 , that I last saw the deceased alive on Mar 4, 1951 , and that death occurred at 7:10 P.M. from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. Gladys D. Powers M.D. Shelbina, Mo. | | | 23b. ADDRESS No. 710 P. A. | | 23c. DATE SIGNED Mar 9, 1951 |
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 24b. DATE 3-7-1951 | 24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY | 24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI | | |
| DATE REC'D BY LOCAL REG. Mar 9-51 | REGISTRAR'S SIGNATURE Ada Garrison | 419 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILSON & SON'S MONROE CITY MO. | | |

MAR 12 1951

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Date Received:
DISTRICT HEALTH OFFICE #2

District File Number 3-57-54

Date Filed: MAR 13 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 me

working under my personal supervision.

Student Embalmer No.

Signed Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Manassas City, Va

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.