

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11

1050
1

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

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan				
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Milan		1050 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) A c. (Last) Glidewell			4. DATE OF DEATH (Month) (Day) (Year) 2-24-51					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-16-1863		9. AGE (In years last birthday) 87	10. MONTHS 11	11. DAYS 18	
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) Milan Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Esrael Shatto		13b. MOTHER'S MAIDEN NAME Jane Deerny		14. NAME OF HUSBAND OR WIFE Elander Glidewell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herbert Trazier - Milan				
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis — DUE TO (c) with hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. In bed for many years.					INTERVAL BETWEEN ONSET AND DEATH several years. 33ix	
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 for several years, to 2-24, 1951, that I last saw the deceased alive on 2-22, 1951, and that death occurred at 10:25 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. S. Montgomery M.D.				23b. ADDRESS Milan Mo.		23c. DATE SIGNED 3/3/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/26/51	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem		24d. LOCATION (City, town, or county) (State) Milan Mo			
DATE REC'D BY LOCAL REG. March 8, 1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320		25. FUNERAL DIRECTOR'S SIGNATURE Dwight Johnson		ADDRESS Milan Mo		

Date Received: MAR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-521
Date Filed: MAR 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Dwight Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Waban - Md

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.