

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9167

42

BIRTH NO.		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 42		
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott				
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon			c. LENGTH OF STAY (in this place) 368 days		c. CITY (If outside corporate limits, write RURAL and give township) Illmo 1000			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle) Glastetter		c. (Last)	
4. DATE OF DEATH		March 30, 1951		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 20, 1902		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section work-laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Anto Glastetter			13b. MOTHER'S MAIDEN NAME Rickine Hiering			14. NAME OF HUSBAND OR WIFE Cletta Glastetter		
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. 494-01-8524		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary infection				INTERVAL BETWEEN ONSET AND DEATH Immediate				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving DUE TO (b) _____								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS				Far Advanced Pulmonary Tuberculosis 30 mo.				
Conditions contributing to the death but not related to the disease or condition causing death.				Diabetes Mellitus 30 mo.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Chronic Hepatitis				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)		4/20/51		
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. 27, 1950, to March 30, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.								
23a. SIGNATURE C. A. Brasher M. D.				23b. ADDRESS Mt. Vernon, Missouri		23c. DATE SIGNED Mar. 30, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE		24c. NAME OF SEMETERY OR CREMATORY Lightner Cem. Dispersinghoff Illmo Mo		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. Mar. 31, 1951		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE H. D. Fessett Mt Vernon Mo		ADDRESS		

(For use of Embalmer's Statement on Reverse Side)

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

No. 300
10-480550
0

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 3 1951

Dist. File 451-695-

Date Filed 4-3-51

MAY 4 1951
MAY 12 1951

APR 11 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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Lovett

Licensed Embalmer No. 2201

P. O. Address MT Vernon 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.