

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15743**

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>229</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Puxico Mo</u>		
3. NAME OF DECEASED a. (First) <u>Minnie</u> (Type or Print)		b. (Middle) <u>Eizabeth</u>		c. (Last) <u>Glenn</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 17 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6 1885</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>	IF UNDER 12 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Neelyslanding Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Elihu Hodge</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Glenn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lymphatic Leukemia.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u></u>  DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>		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>17 Mar</u> , 1950, to <u>17 April</u> , 1951, that I last saw the deceased alive on <u>17 April</u> , 1951, and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. B. Bickerton MD.</u>		23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>		23c. DATE SIGNED <u>9 May 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 20 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>	24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u>
DATE REC'D BY LOCAL REG. <u>May 26 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gloyd Morgan</u> ADDRESS <u>Puxico Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-228

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~~ \_\_\_\_\_

William H. Morgan

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

\_\_\_\_\_  
Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.