

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26318**

FILED AUG 29 1951

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 298	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT			
b. CITY OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN CHAFFEE		10th	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP				d. STREET ADDRESS (If rural, give location) 202 COOK AVE			
3. NAME OF DECEASED (Type or Print) BEN		a. (First)		b. (Middle) GLENN		c. (Last) 24	
4. DATE OF DEATH Aug 19 1951		(Month)		(Day)		(Year)	
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-22-1900	
9. AGE (In years last birthday) 51		Months 1		Days 27		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORK		10b. KIND OF BUSINESS OR INDUSTRY SAWMILL		11. BIRTHPLACE (State or foreign country) ORAN MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM M GLENN		13b. MOTHER'S MAIDEN NAME HANNA WEINER		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 490-015059		17. INFORMANT'S SIGNATURE OR NAME Mr Gregory Westuch		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Col. Corine Valvickar Dis				MEDICAL CERTIFICATION CHAFFEE MO	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis		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) _____		4214	
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 8/12 , 19 51 , to 8/19 , 19 51 , that I last saw the deceased alive on 8/19 , 19 51 , and that death occurred at 8:50 AM , from the causes and on the date stated above.							
23a. SIGNATURE G. Westuch (Print name or title) MD				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 8/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1951		24c. NAME OF CEMETERY OR CREMATORY Embar Cem		24d. LOCATION (City, town, or county), (State) Chaffee Mo	
DATE REC'D BY LOCAL REG. 8-23-51		REGISTRAR'S SIGNATURE G. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Em Stubb		ADDRESS _____	

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

RECEIVED

AUG 28 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

C. J. Loring

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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.