

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26656**

5458

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 220 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0390</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> <u>0390</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TROY</u> b. (Middle) <u>MAURICE</u> c. (Last) <u>GLAZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY 10, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORM</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>RUEL GLAZE</u>	13b. MOTHER'S MAIDEN NAME <u>ONIE MELTON</u>	14. NAME OF HUSBAND OR WIFE <u>HAVA GLAZE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERBERT GLAZE WALNUT GROVE MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		<u>5 MINUTES</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY DISEASE</u> DUE TO (c)		<u>2 yrs.</u>
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	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) <u>4201</u>
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 7/1, 1951, to 8-13, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Davis D.O.</u> (Degree or title)	23b. ADDRESS <u>WALNUT GROVE MO</u>	23c. DATE SIGNED <u>8/16/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROUSE CHAPEL CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>Dade Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>8/18/51</u>	REGISTRAR'S SIGNATURE <u>Greene Co. Niland</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DRIM FUNERAL SERVICE Walnut Grove Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office,

County File Number 51-8-53

Date Filed 8-20-51

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 Clarence D. Dobbelt

Licensed Embalmer No. 4005

P. O. Address Ash Grove, N.C.

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.