

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7718**

FILED MAR 24 1952

BIRTH NO. 7553 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 21

3210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		c. LENGTH OF STAY (in this place) 4 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		03-10
d. FULL NAME OF HOSPITAL OR INSTITUTION Keytesville - Home			d. STREET ADDRESS (If rural, give location) Keytesville, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Ardella b. (Middle) Mae c. (Last) Glascow			4. DATE OF DEATH (Month) (Day) (Year) March 17, 52		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0	8. DATE OF BIRTH Feb. 21, 52	9. AGE (In years last birthday) Months Days Hours Mins. 0 0 27 -	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Keytesville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME B. Nathional Glascow		13b. MOTHER'S MAIDEN NAME Mary Harker	14. NAME OF HUSBAND OR WIFE None		
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary H. Glascow, Keytesville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH a few hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7630				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 Feb 17, 1952 , to Mar 17, 1952 , that I last saw the deceased alive on Feb 17, 1952 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Carl O. Hayes			23b. ADDRESS M. D. Keytesville, Mo.	23c. DATE SIGNED 3/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/19/52	24c. NAME OF CEMETERY OR CREMATORY Keytesville Cemetery	24d. LOCATION (City, town, or county) (State) Keytesville, Mo.		
DATE REC'D BY LOCAL REG. 3/18/52	REGISTRAR'S SIGNATURE [Signature]		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Nashville, Mo.		

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
Student Embalmer

Student Embalmer No. _____

Signed *George H. Green*

Licensed Embalmer No. 4220

P. O. Address Drushell, 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.