

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19459

State File No.

FILED JUL 14 1952

BIRTH NO. 34298 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 733

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>	
c. LENGTH OF STAY (in this place) <u>2 h. 25 min.</u>		d. STREET ADDRESS (If rural, give location) <u>2023 No 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KAREN</u>	b. (Middle)	c. (Last) <u>GLENN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-52</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7-8-52</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>38</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John William Glenn</u>	13b. MOTHER'S MAIDEN NAME <u>Vivian Maria Goudy</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Glenn</u>	ADDRESS <u>2023 No. 4th City</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 HRS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANOXEMIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SPONTANEOUS PREMATURE LABOR - 6 HOURS</u> DUE TO (c) <u>STRAIN ON PART OF MOTHER</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>7.74X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-8, 1952, to 7-8, 1952, that I last saw the deceased alive on 7-8, 1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>2062 5008 King Hill St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7-8-52</u>
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24a. BURIAL OR CREMATION (Specify) <u>Burial</u>	24b. DATE <u>7-9-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 11, 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
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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 _____

body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

John E. Papp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.