

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25394**

FILED JUL 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls, 0870,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls, 0870,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township) 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Perry, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>-</u>			c. (Last) <u>Glover</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July, 2, 1952</u>		5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January, 17, 1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A. 2</u>		13a. FATHER'S NAME <u>Jessie Glover</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Glover</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Harry Glover</u>		ADDRESS <u>Big Bend, Kansas.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death due to team of horses running away. Cause of death</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>probably due to internal injuries.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9121</u> <u>3</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>087</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Saltriver Township, Ralls, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July, 2, 1952</u> m. <u>?</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Runaway Team</u>			
22. I hereby certify that I attended the deceased from <u>Not Medical Attention, 09</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>?</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>Clyde Willey, Coroner,</u> <u>Ralls Co., Mo.</u>				23b. ADDRESS <u>Perry, Missouri.</u>		23c. DATE SIGNED <u>7-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 0</u>		24b. DATE <u>July 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) ? <u>Ralls Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-21-52</u>		REGISTRAR'S SIGNATURE <u>Clyde Willey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Willey</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmer's Statement (See Reverse Side))

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

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 _____

Clyde C. Wilkey
Licensed Embalmer No. 3820

P. O. Address Ferry, 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.