Form No. 300
10.48

AUG 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28759

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood 6644
d. STREET ADDRESS (If rural, give location): 1412 36th ST 0

3. NAME OF DECEASED (Type or Print) a. (First): Margaret b. (Middle): Louise c. (Last): Glascock
4. DATE OF DEATH (Month) (Day) (Year): Aug. 24, 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1924
9. AGE (In years last birthday): 27 — If under 1 year: Months 8, Days 19; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Edward Bullack
13b. MOTHER'S MAIDEN NAME: Marion True
14. NAME OF HUSBAND OR WIFE: Chas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Chas Glascock ADDRESS: 1412 36th Oakwood Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0803
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-21- *, 19* 52 *, to* 8-24 *, 19* 52 *, that I last saw the deceased alive on* 8-24-52 *, 19* ____ *, and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-26-52
24c. NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cemetery
24d. LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 8/25/52
REGISTRAR'S SIGNATURE: H C Fisher, W E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Michael J O'Donnell ADDRESS: Hannibal Mo
(Licensed Embalmer's Statement on Reverse Side)

184-5

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

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RECEIVED AUG 27 1952
MARION CO. HEALTH DEPT.
DATE FILED AUG 27 1952

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.