

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1953

BIRTH NO.		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 5208		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) Hale, Missouri		c. LENGTH OF STAY (in this place) 43 years		c. CITY (If outside corporate limits, write RURAL and give township) Hale, (Rural) 0170			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3 M. West Hale				d. STREET ADDRESS (If rural, give location) RFD 1			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) D.		c. (Last) GLENN	
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 17, 1867		9. AGE (In years last birthday) 84		10. MONTHS 6		11. DAYS 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY livestock, Grain		11. BIRTHPLACE (City and State or Foreign Country) Mooreville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Glenn		13b. MOTHER'S MAIDEN NAME Katherine Ireland		14. NAME OF HUSBAND OR WIFE Anna Glenn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Glenn, Hale, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration 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. 4222				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Mar 1952 , to Jan. 15, 1953 , that I last saw the deceased alive on Jan. 15, 1953 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE D. Conrad R. Smith (Degree or title) D. O.				23b. ADDRESS 107 1/2 N. Carrollton, Mo.		23c. DATE SIGNED 1-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/1953		24c. NAME OF CEMETERY OR CREMATORY Mackland		24d. LOCATION (City, town, or county) (State) S.W. Hale, Mo.	
DATE REC'D BY LOCAL REG. 1-17-1953		REGISTRAR'S SIGNATURE Mrs. Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.