No.300
10.48

ILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3138

BIRTH NO. ______ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1031

5

1. PLACE OF DEATH a. COUNTY: Missouri	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis c. LENGTH OF STAY (in this place): 13 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield 0140
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Hospital	d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) a. (First): Charlotte	b. (Middle):	c. (Last): Glennen	4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F /	W	W 2	1-24-1875	78		3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Retired housewife		New Bloomfield, Mo. 0	U.S.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
John Gilmore	Elizabeth Bunkett	Charles Glennen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS
No		None	Masonic Home of Mo. 5351 Delmar Blvd. (signature)

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.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocarditis	5 dys
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Interstitial Nephritis	3 yrs
DUE TO (c)	Bronchial Asthma	5 yrs
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 ____ 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? ____ 241X

22. *I hereby certify that I attended the deceased from* 12-7-, 19 40, *to* 1-27-, 19 53, *that I last saw the deceased alive on* 1-27-, 19 53 *and that death occurred at* 6-10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
(signature)	508 N.Grand	1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-28-53	New Bloomfield	New Bloomfield, Mo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
JAN 28 1953	J Carl Smith MD	Albert H.Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on 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.....

Licensed Embalmer No. .....

P. O. Address.....

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.