

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16777**
Registrar's No. **48**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		c. CITY OR TOWN Shelbina	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Yrs		e. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION: None			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MERRITT c. (Last) GLENN			4. DATE OF DEATH (Month) (Day) (Year) 4-26-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-13-1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days 3 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Shelby Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Glenn		13b. MOTHER'S MAIDEN NAME Margaret Gow		14. NAME OF HUSBAND OR WIFE Violet 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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Violet Glenn, Shelbina, 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 **April 1, 1953**, to **April 26, 1953**, that I last saw the deceased alive on **April 26, 1953**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard A. Bebelevic D.O.		23b. ADDRESS Shelbina Mo		23c. DATE SIGNED May 1, 1953	
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE 4-28-1953		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.			
DATE REC'D BY LOCAL REG. 5-1-53		REGISTRAR'S SIGNATURE Ada Garrison		419	

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

1020

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.....
Signature of Student Embalmer

Signed..... *W. H. Harris*

Licensed Embalmer No. *3498*

P. O. Address *Shelton, Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.