No. 300
10.48

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16873

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 30

100
1

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Bretton
c. LENGTH OF STAY (In this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mineral Point R.R. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Bretton 1100
d. STREET ADDRESS (If rural, give location): Mineral Point RRR. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lue
b. (Middle): E.
c. (Last): Glore

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1887
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — 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: Own-Home---
11. BIRTHPLACE (City and State or Foreign Country): Washington County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Prichard
13b. MOTHER'S MAIDEN NAME: Mary Jarvis
14. NAME OF HUSBAND OR WIFE: Wilford Glore

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Wilford Glore — **ADDRESS**: Mineral Point RR. 1

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH

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: 1953.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver - 1561
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* Nov. 4, 1952 *to* 4-21, 1953 *that I last saw the deceased alive on* 4-10, 1953 *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L. Thurman (Degree or title): M.D.
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/24/53
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Potosi, Missouri

DATE REC'D BY LOCAL REG.: 4/23/53
REGISTRAR'S SIGNATURE: Helen Kendall
25. FUNERAL DIRECTOR'S SIGNATURE: Bert L. Boyer — **ADDRESS**: Leadwood, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1957

RECEIVED

WASH. COUNTY REG. IN DEPT.
File No. 453-534

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.