No. 300
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FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17674

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 489-D

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
c. LENGTH OF STAY (In this place) 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SPRINGFIELD BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI
b. COUNTY DADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GREENFIELD 0290
d. STREET ADDRESS (If rural, give location) College Street 1

3. NAME OF DECEASED (Type or Print)
a. (First) NEVA
b. (Middle)
c. (Last) GLAZE

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

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JANUARY 6, 1888
9. AGE (In years last birthday) 65 — If under 1 year: Months 4, Days 15 — If under 24 hrs.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI STATE
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A. C. PATTERSON
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ~~UNKNOWN~~ (DECEASED) Homer Glaze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~UNKNOWN~~ No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS

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) Bronchogenic Carcinoma — 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) Rt middle lobe bronchus.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 162X
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* 17 Nov, 1952, *to* 21 May, 1953, *that I last saw the deceased alive on* 21 May, 1953, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Stanley S. Peterson MD (Degree or title)
23b. ADDRESS 205 St Louis, Springfield
23c. DATE SIGNED 23 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAY 21, 1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~ ~~UNKNOWN~~ Masonic
24d. LOCATION (City, Town, or County) (State) DADEVILLE MISSOURI

DATE REC'D BY LOCAL REG. 5-27-53
REGISTRAR'S SIGNATURE Erin Williams Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE J. C. (JACK) CANADA
ADDRESS GREENFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1953

JUN 8 1953

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.