

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25677**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5763** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia (rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia (Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>6 mi. n.w. of Philadelphia</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vera</b> b. (Middle) <b>Mae</b> c. (Last) <b>Glascock</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1953</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>Wh.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Apr. 13, 1897</b>		9. AGE (In years last birthday) <b>56</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Shelby Co., Missouri</b>	

13a. FATHER'S NAME <b>William Mersman</b>		13b. MOTHER'S MAIDEN NAME <b>Mina Terpening</b>		14. NAME OF HUSBAND OR WIFE <b>Grover Glascock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lars Yowell, Philadelphia, Mo.</b>	

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) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic hypertensive chronic myocarditis chronic nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>331 X</b>	
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 **June 23, 1952** to **July 5, 1953**, that I last saw the deceased alive on **July 2, 1953**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howard D. O.</b>		23b. ADDRESS <b>Bethel Mo.</b>		23c. DATE SIGNED <b>July 8 53</b>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <b>CREMATION</b>		24b. DATE <b>July 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery Philadelphia, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. S. Feaster, Philadelphia, Mo.</b>		DATE REC'D BY LOCAL REG. <b>7-13-53</b>	

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

RECEIVED JUL 21 1953  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 21 1953

AUG 7 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Harold Garner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe Ct

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.