

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27386

State File No. ....

FILED JUL 20 1953 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 140

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nelson *Blakwater Twp. 5rs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nelson Blackwater Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 2</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route 2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH CARLYLE GLASSCOCK</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 28, 1890</b>
9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Mo.</b>
13a. FATHER'S NAME <b>James Knox Glasscock</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Frances Drinkwater Noidene A. Glasscock</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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. <b>486-36-1358</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Donald Griffith, Blackwater, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aneurysm, aorta</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		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Sept, 1946</b> , to <b>July, 1953</b> , that I last saw the deceased alive on <b>July, 1953</b> , and that death occurred at <b>_____ m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. P. Rhodes M.D.</b> (Degree or title)		23b. ADDRESS <b>312 1/2 S. Ohio, Sedalia, Mo.</b>	23c. DATE SIGNED <b>7-9-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/6/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miller's Chapel Cemetery Rural Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Pettis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-15-1953</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>William C. ...</b> ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 P. E. Baker .....

Licensed Embalmer No. 2419 .....

P. O. Address Acacia 77 .....

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.

*E*