

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33277**

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8353**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis e. STREET ADDRESS (If rural, give location) 21 2811a Cass Ave. 2219 0	
3. NAME OF DECEASED (Type or Print) CARL JAMES GLISPIE		4. DATE OF DEATH (Month) (Day) (Year) 8-25-53	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1916
9. AGE (In years last birthday) 36		10. MONTHS 11	10. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Elder Man. Co.	
11. BIRTHPLACE (City and State or Foreign Country) Oakalona, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Glispie		13b. MOTHER'S MAIDEN NAME Lora Moore	
14. NAME OF HUSBAND OR WIFE Cloteal Glispie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 425-16-0455	
17. INFORMANT'S SIGNATURE OR NAME Cloteal Glispie		ADDRESS 2811a Cass Ave.	
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) Malignant Hypertension 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		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) 445X		(COUNTY) _____	
(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter A. Young, M.D.		23b. ADDRESS 2337 Market Street	
23c. DATE SIGNED 8/26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-29-53	
24c. NAME OF CEMETERY OR CREMATORY Oakalona, Mississippi		24d. LOCATION (City, town, or county) (State) Oakalona, Mississippi	
DATE REC'D BY LOCAL REG. AUG 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.		ADDRESS 2820 Stoddard St.	

SEP 24 1938

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 *Fulton E. Calkins*

Licensed Embalmer No. *1128*

P. O. Address *St. Louis*

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.