

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38765**
Registrar's No. **1099**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2002**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 1501 Broadmoor Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) NORMA b. (Middle) JEAN c. (Last) GLAAB			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7 July 1927		9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Wichita Falls, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Cup factory			

13a. FATHER'S NAME Earl Jones		13b. MOTHER'S MAIDEN NAME Verda Shurbet		14. NAME OF HUSBAND OR WIFE Marshall L. Glaab	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. #54-30-2418		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS M.L. Glaab, 1501 Broadmoor Drive, Springfield, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Acute ulcerative Colitis		14 mo	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		50 days	
19a. DATE OF OPERATION 11-11-53		19b. MAJOR FINDINGS OF OPERATION Ulcerative Colitis 5722E		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 **4-3-**, 19**53**, to **12-9-**, 19**53**, that I last saw the deceased alive on **12-9-**, 19**53**, and that death occurred at **1:42** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Johnston MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 12-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 13 Dec. 1953		24c. NAME OF CEMETERY OR CREMATORY Carlisle Cemetery	
		24d. LOCATION (City, town, or county) (State) Carlisle, Arkansas			

DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Edith Wellman		EMERAL DIRECTOR'S SIGNATURE AND ADDRESS End C. Phineas Springfield, Missouri.	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1959

MAY 1 8 1959

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 *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, Missouri

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.