S. No. 300
v. 10.48

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

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39914

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 247

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla — Rolla
c. LENGTH OF STAY (in this place): 7 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 Salem Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route No. 1 0818

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): DAVID
c. (Last): GLENN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff Mo., 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Glenn
13b. MOTHER'S MAIDEN NAME: Flora.....?
14. NAME OF HUSBAND OR WIFE: Ida Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. No. 1
16. SOCIAL SECURITY NO.: 491-14-7899
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ida Glenn, Rt. 1, Rolla Mo.,

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — Chronic Myocarditis Coronary type — Unknown

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
4201
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* 12/2, 1953, *to* 12/4, 1953, *that I last saw the deceased alive on* 12/4, 1953, *and that death occurred at* 5:30 P m², *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Cottingham DO
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Gardens
24d. LOCATION (City, town, or county) (State): Rolla, Phelps Mo.,

DATE REC'D BY LOCAL REG.: Dec. 7, 1953
REGISTRAR'S SIGNATURE: Nadine L. Stoll 3-70
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Null & Son Funeral Home By Paul E. Null — Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1954

Date Filed 12-17-53

DEC 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. Nul

Licensed Embalmer No...4498

P. O. Address...Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.