

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43858**

S. No. 300
v. 10.48

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5926** Registrar's No. **26**

0800

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Pettis			a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia Rural		c. LENGTH OF STAY (In this place) 4 wks.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles south Sedalia			d. STREET ADDRESS (If rural, give location) 3008		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ELMER	b. (Middle) LLOYD	c. (Last) GLAZEBROOK	Dec. 11, 1953		

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 19, 1908	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and State or Foreign Country) Longwood, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James C. Glazebrook	13b. MOTHER'S MAIDEN NAME Mary Ida Prim	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY 490-16-5950	17. INFORMANT'S SIGNATURE OR NAME Ruth Glazebrook, Trenton, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by hanging.		
	ANCECEDENT 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. E974X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-11-53 11:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Suicide by hanging
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22. I hereby certify that I observed the deceased as above, as above, 1953, that I just saw the deceased alive on 12-11-53, and that death occurred at 11:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chas Jordan</i>	23b. ADDRESS Corney Pettis Co	23c. DATE SIGNED 12-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/53	24c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	24d. LOCATION (City, town, or county) (State) Longwood, Missouri
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DATE REC'D BY LOCAL 12/13/53	REGISTRAR'S SIGNATURE <i>L. G. Campbell</i>	FUNERAL DIRECTOR'S SIGNATURE <i>M. J. Moore</i>	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1954

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

Sidalia

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.