

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

**3618**

State File No. ....

**FILED FEB. 9 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32.4 PRIMARY REG. DIST. NO. 3072 Registrar's No. 15

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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>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>225 East Porter</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida Lee</b> b. (Middle) <b>Glidewell</b> c. (Last) <b>Hays</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28th, 1954.</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 5th, 1885.</b>
9. AGE (In years last birthday) <b>68</b>		10. MONTHS <b>7</b>	11. DAYS <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Milan, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Nelson Glidewell</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Garrett</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>478-24-8276</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Loyd Boots, Marshall, Mo.</b> ADDRESS _____			
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Coronary</b> ANTECEDENT CAUSES <b>Coronary Artery</b> 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"/>		<b>175 X</b>	
21a. ACCIDENT SUICIDE (Specify) <b>None</b>	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 <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>Dec 12, 1953</b> , to <b>Jan 28, 1954</b> , that I last saw the deceased alive on <b>Jan 20, 1954</b> , and that death occurred at <b>10-30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Print or title) <b>James C. Reid M.D.</b>		23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>1-29-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 30, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bucklin cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Linn County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>1-29-54</b>	REGISTRAR'S SIGNATURE <b>Ridney T. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>Marshall, Mo.</b>

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

*James H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address

*Marshall, Mo*

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.