

FILED MAR 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4291

State File No. ....

0220

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

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ozark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Christian Co.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Christian Co.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>Glossip</u>	
c. (Last) <u>Glossip</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 13, 1885</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 31 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Blayans</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Troy Cutberth,</u>		ADDRESS <u>Ozark, Mo.</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident, thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
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 <u>1) Anterior diabetes</u> <u>2) Recent fracture r. hip</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>332 X</u> 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) (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 <u>22 Feb, 1954</u> to <u>22 Feb, 1954</u> , that I last saw the deceased alive on <u>22 Feb, 1954</u> , and that death occurred at <u>7:30</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Rogers</u>		23b. ADDRESS <u>Ozark, Mo.</u>	
23c. DATE SIGNED <u>Feb 24 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ponce DeLeon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u>
DATE RECD BY LOCAL REG. <u>Feb 1-1954</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Ozark Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 T. B. Cheffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.