

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

8187

State File No.

FILED APR 14 1954

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Malden Dunklin Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Blinkin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>305 N. Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 N. Clinton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>GLOVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 19, 1954</u>		
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Malden, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James C. Glover</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie May Glover</u>	
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. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Glover, Malden, Mo.</u>	

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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u>		
		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"/>	
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 <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 March 18, 1954, to March 19, 1954, that I last saw the deceased alive on March 19, 1954 and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. C. Castleton D.O.</u>		23b. ADDRESS <u>Malden Mo.</u>		23c. DATE SIGNED <u>March 21, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Malden Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>J. V. Schumann</u>		24f. ADDRESS <u>Landess Funeral Home, Campbell, Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-9-54</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

No. 300
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11/11/54

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-13-5
COUNTY FILE NUMBER 454 -

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 _____

(Not Embalmed)

Licensed Embalmer No. _____

P. O. Address _____

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.