

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26629

State File No.

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 301.6 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo</u>		c. LENGTH OF STAY (If this place) <u>20 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u> <u>0550</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mrs Olive</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Glover</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15-54</u>
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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>April 24 1905</u>	9. AGE (In years last birthday) <u>49</u> <u>3</u> <u>22</u> Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Agent Dept. Agriculture</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Deere, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>James T. Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Jesse E. Yarnell</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>H.D. Fossett Funeral Home</u>	ADDRESS <u>Mt Vernon, Mo.</u>
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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 <u>6 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacteremia of cervix</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171 X</u>			

19a. DATE OF OPERATION (NONE)	19b. MAJOR FINDINGS OF OPERATION <u>P. M. Metastatic to liver</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 Oct 12 1951 to 8/15 1954, that I last saw the deceased alive on 8/15 1954, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Everett D. Sengstacke M.D.</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>8/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-16-54</u>	24c. NAME OF CEMETERY OR CREMATOR <u>CARTHAGE MEMORIAL CEMETERY</u>	24d. LOCATION (City, town or county) (State) <u>CARTHAGE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Aug 15-54</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-N.A.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buscher</u>	ADDRESS <u>Jefferson City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

42

SEP 16 1956

SEP 7 1956

SEP 11 1956

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.