

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30294**
Registrar's No. **905**

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Mo c. LENGTH OF STAY (In this place) 3 Mos. d. FULL NAME OF HOSPITAL OR INSTITUTION Vaughn Rest Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Bois D'Arc d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0890,	
3. NAME OF DECEASED a. (First) James b. (Middle) Ishmeal c. (Last) Glass (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6-1871
9. AGE (In years last birthday) Months Days Hours Mins. 83 22		11. BIRTHPLACE (City and State or Foreign Country) Greene Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A.M. Glass	
13b. MOTHER'S MAIDEN NAME Susan Vanvorhis		14. NAME OF HUSBAND OR WIFE Olive C. Glass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. I. Glass Bois D'Arc Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRCULATORY COLLAPSE ANTECEDENT CAUSES DUE TO (b) CARDIAC COLLAPSE DUE TO (c) MYOCARDITIS 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 4222	
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) (Min.)		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 9/25, 1954, to 9/25, 1954, that I last saw the deceased alive on 9/25, 1954, and that death occurred at 9:05P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. F. Stearns, M.D.		23b. ADDRESS Ash Grove Mo	
23c. DATE SIGNED 9/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 30-1954	
24c. NAME OF CEMETERY OR CREMATORY Ash Grove		24d. LOCATION (City, town, or county) (State) Ash Grove - Missouri	
DATE REC'D BY LOCAL REG. 10-1-54		REGISTRAR'S SIGNATURE Edith Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE W. T. Rich		ADDRESS Ash Grove Mo	

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.....
Signature of Student Embalmer

Signed *Richard E. Watts*.....

Licensed Embalmer No. *465*.....

P. O. Address *Ash Grove*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.