

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

**40382**

State File No. ....

No. 300  
10-48

**FILED DEC 28 1954**

2210

|   |  |  |                   |   |  |   |  |
|---|--|--|-------------------|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>65</u>   |                   | PRIMARY REG. DIST. NO. <u>113</u>   |  | Registrar's No. <u>33</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Chariton</u>  |  |  |                   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>   |  | c. LENGTH OF STAY (in this place) <u>most of life</u>  |                   | c. CITY OR TOWN <u>Brunswick</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |  |                   | e. STREET ADDRESS (If rural, give location) _____   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>LENA</u>   |  |  | b. (Middle) _____ |   |  | c. (Last) <u>GLOVER</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 13, 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>July 5, 1975</u>  |  |
| 9. AGE (In years last birthday) <u>79</u>   |  | 10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |                   | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co., Missouri</u>  |  |
| 11a. FATHER'S NAME <u>Edward A. Magruder</u>  |  | 11b. MOTHER'S MAIDEN NAME <u>Elizabeth C. Sanders</u>  |                   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |   |  |
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME  |                   | 14. NAME OF HUSBAND OR WIFE <u>John 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>None</u>  |                   | 17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Magruder, Brunswick, Mo.</u> ADDRESS _____  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <u>Carcinoma of breast (primary) 5 yrs</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>   |  |
| 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 <u>8/22</u> , 1954, to <u>Dec 13</u> , 1954, that I last saw the deceased alive on <u>Sept 18</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |                   |   |  |   |  |
| 23a. SIGNATURE <u>W. H. Street, M.D.</u> (Degree or title)  |  |  |                   | 23b. ADDRESS <u>Brunswick</u>   |  | 23c. DATE SIGNED <u>12/15/54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Dec. 15, 1954</u>   |                   | 24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. _____  |  | REGISTRAR'S SIGNATURE _____  |                   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>56- [Signature]</u> ADDRESS <u>Brunswick Funeral Home, Brunswick, Mo.</u>                               |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William R. Koch*.....

Licensed Embalmer No...475

P. O. Address *Brunswick*

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.