

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41919**BIRTH NO. **97134-54** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3952** Registrar's No. **455**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 1302 South Grand	

3. NAME OF DECEASED (Type or Print) MARTHA LEE GLOVER			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *****		8. DATE OF BIRTH December 11, 1954			9. AGE (In years last birthday) Months 12		10. UNDER 1 YEAR Days 12		11. UNDER 1 HR. Hours 12		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****				10b. KIND OF BUSINESS OR INDUSTRY *****				11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George Edward Glover			13b. MOTHER'S MAIDEN NAME Eleanor Self Glover			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) *****			16. SOCIAL SECURITY NO. *****			17. INFORMANT'S SIGNATURE OR NAME Geo. E. Glover			ADDRESS 1302 S. Grand Sedalia, 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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atherosclerosis		DUE TO (b) Prematurity							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 7625				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from **11 Dec, 1954**, to **11 Dec, 1954**, that I last saw the deceased alive on **11 Dec, 1954**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald C. Crutcher, M.D.		(Degree or title)		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 13 Dec 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/54		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12/13/54		REGISTRAR'S SIGNATURE Lavonia Coontz, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Ruane Coontz		ADDRESS Sedalia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address St. Louis, 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.