No. 300
10-48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3860

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 18

061
0

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar 0061
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clifford
b. (Middle): Franklin
c. (Last): Glenn

4. DATE OF DEATH (Month) (Day) (Year): Mar. 3, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Oct. 10, 1899
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Day Labor
11. BIRTHPLACE (City and State or Foreign Country): Dade Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sol Glenn
13b. MOTHER'S MAIDEN NAME: Purvina Dill
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-01-6015
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Vernie O. Glenn; Dadeville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute heart insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary emphysema & Asthma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 241X
20. AUTOPSY? YES ☐ NO ☑

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): LAMAR Barton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 2, 1955, *to* March 5, 1955 *that I last saw the deceased alive on* March 2 1955 *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D R Guldner M.D.
23b. ADDRESS: Lamar, Mo.
23c. DATE SIGNED: 2 5 50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 5, 1955
24c. NAME OF CEMETERY OR CREMATORY: Corry Cemetery
24d. LOCATION (City, town, or county) (State): Dade County, Mo.

DATE REC'D BY LOCAL REG.: 3/5/55
REGISTRAR'S SIGNATURE: Marie Koriank 14
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. C. Canada, Greenfield, Mo.

(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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.