

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10658

State File No. ....

0970

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>Marshall-35Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1 1/2 Miles North-Marshall, Mo.</u>		c. CITY OR TOWN <u>Rural</u> <u>0970</u> Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>Irene</u> c. (Last) <u>Glass</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11-1883</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbyville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Rilling</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Schuddy</u>	
14. NAME OF HUSBAND OR WIFE <u>Douglas M. Glass</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Douglas M. Glass</u> ADDRESS <u>Marshall, Mo. R. 4</u>	
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) <u>Cerebral Degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasized Liver</u>	
19a. DATE OF OPERATION <u>12/3/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Resection Colon 153 X</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1/11</u> , 19 <u>53</u> to <u>4/4</u> , 19 <u>55</u> that I last saw the deceased alive on <u>4/3</u> , 19 <u>55</u> and that death occurred at <u>1230 A.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Marshall Mo.</u>	
23c. DATE SIGNED <u>4/5/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bridge Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marshall, Missouri</u>	
DATE RECD BY LOCAL REG. <u>Apr. 5-1955</u>		REGISTRAR'S SIGNATURE <u>Cecil H. [Signature]</u> 385-10	

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

APR 29 1960

MS FEB 3 1960

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..... *J. Leslie [Signature]*

Licensed Embalmer No. *3235*

P. O. Address. *Marshall*

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.