

STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1955

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6171 Registrar's No. 38

1. PLACE OF DEATH

a. COUNTY Stone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ponce de Leon

c. LENGTH OF STAY (in this place) Life

d. FULL NAME OF HOSPITAL OR INSTITUTION Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Stone

c. CITY OR TOWN Ponce de Leon

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) No Street Address 10740

3. NAME OF DECEASED

a. (First) HENRY

b. (Middle) EPHRIAM

c. (Last) GLOSSIP

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 6, 1872

9. AGE (In years last birthday) 82

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 24 HRS: Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Ponce de Leon, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joe Glossip

13b. MOTHER'S MAIDEN NAME Belle Norton

14. NAME OF HUSBAND OR WIFE Ella Rose Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella Glossip, Ponce de Leon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Diseases

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 30 min

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) Stone 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 _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00a, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Agnes Corn Stone Co

23b. ADDRESS St Louis Mo

23c. DATE SIGNED 7/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 8, '55

24c. NAME OF CEMETERY OR CREMATORY Ponce de Leon Cem.

24d. LOCATION (City, town, or county) (State) Ponce de Leon, Mo.

DATE REC'D BY LOCAL REG. July 15-55

REGISTRARS SIGNATURE Mrs. J. Lane Ponce

517-07

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris, Clever, Mo.

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

Licensed Embalmer's Statement on Reverse Side

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..... *John Dean Harris*.....

Licensed Embalmer No... *4290*

P. O. Address.... *Cleveland, G.*

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.