

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32362

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 565

|   |                               |  |  |   |   |   |   |  |                            |
|---|-------------------------------|--|--|---|---|---|---|--|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BUTLER</b>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>                            |   |   |   |  |                            |
| b. CITY OR TOWN <b>Poplar Bluff</b>   |                               | c. LENGTH OF STAY (in this place) <b>15 DAYS</b>   |  | c. CITY OR TOWN <b>CLUBB</b>  |   | d. STREET ADDRESS (If rural, give location) <b>1101</b> |   |  |                            |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>   |                               |  |  | d. STREET ADDRESS (If rural, give location)   |   |   |   |  |                            |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>HAROLD</b>   |                               |  | b. (Middle) <b>EDWARD</b>                            |   | c. (Last) <b>GLOVER</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 23, 1955</b> |  |                            |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>                            | 8. DATE OF BIRTH <b>Aug. 6, 1955</b>                 |   | 9. AGE (In years last birthday) <b>2</b>  | 10. UNDER 1 YEAR Months <b>2</b>                        | 11. UNDER 1 YEAR Days <b>17</b>                               | 12. UNDER 1 Hrs. <b>0</b>  | 13. UNDER 1 Mins. <b>0</b> |
| 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) <b>Clubb, Mo</b>               |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                    |  |                            |
| 13a. FATHER'S NAME <b>Raymond Glover</b>  |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Gladys St. Buterich</b> |   |   | 14. NAME OF HUSBAND OR WIFE                             |   |  |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service)   |                               |  | 16. SOCIAL SECURITY NO.                              |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Glover</b> ADDRESS <b>Clubb, Mo.</b> |   |   |  |                            |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.         |                               |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |                            |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                               |  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>493x</b> |   |   |   |  |                            |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                               |  |  |   |   |   |   |  |                            |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <b>10-7-55</b> to <b>10-23-55</b> , that I last saw the deceased alive on <b>10-23-55</b> , and that death occurred at _____ m., from the causes and on the date stated above. |                               |  |  |   |   |   |   |  |                            |
| 23a. SIGNATURE (Degree or title) <b>Marvin R. Barbour, M.D.</b>   |                               |  |  | 23b. ADDRESS <b>Poplar Bluff, Mo.</b>   |   |   | 23c. DATE SIGNED <b>10/23/55</b>                              |  |                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 24b. DATE <b>10-25-55</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>    |   | 24d. LOCATION (City, town, or county) (State) <b>near the creek town, Mo.</b>     |   |   |  |                            |
| DATE REC'D BY LOCAL REG. <b>10/27/55</b>  |                               | REGISTRAR'S SIGNATURE <b>R. D. Mueller</b>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harmon W. Bush</b> ADDRESS <b>Clubb, Mo.</b>  |   |   |  |                            |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 31 1955

BUTLER CO. HEALTH CENTER

FILE No. 24

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.....

*me*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Marvin E Bowles*

Licensed Embalmer No. *4426*

P. O. Address *Redwood*

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.