

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34322

State File No.

No. 300
10-48

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Pike Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>					
b. CITY OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Clarksville Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria</u>			b. (Middle) <u>Glass</u>		c. (Last) <u>Fielder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1955</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>Aug 21-1866</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></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		11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John B. Glass</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Day</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Fielder</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Fielder</u> ADDRESS <u>Clarksville Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>intertrochanteric fracture Rt hip</u>				4 days	
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>4200 F</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>10-1-1950</u> , to <u>10-27-1955</u> , that I last saw the deceased alive on <u>10-27-1955</u> , and that death occurred at <u>9:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John H. Hooper, M.D.</u>				23b. ADDRESS <u>Clarksville, Mo.</u>			23c. DATE SIGNED <u>10-28-55</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Bernice Callender</u>		376		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Harrold</u> ADDRESS <u>Clarksville Mo.</u>			

(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 Geo. M. Collier

Licensed Embalmer No. 2839

P. O. Address Louisiana, La.

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.