

No. 300
10.48

XC #1324 99 11
REG # 12530
SL # 6877
FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
DEATH CERTIFICATE OF DEATH
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

38394
State File No. _____
Registrar's No. 10376

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 24 3645A NEBRASKA	

22710

3. NAME OF DECEASED (Type or Print) GLEN V. HUNTLEY			4. DATE OF DEATH (Month) (Day) (Year) 11-26-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-27-01	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY CITY OF ST. LOUIS, MO.		11. BIRTHPLACE (City and State or Foreign Country) EDDYVILLE, IOWA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM HUNTLEY		
13b. MOTHER'S MAIDEN NAME LAURA HUDSON		14. NAME OF HUSBAND OR WIFE VIOLA HUNTLEY		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 499-01-5306	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	17. ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hepatic Coma and Bronchopneumonia			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Unknown	
		* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Laennec's Cirrhosis			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581.1		20. AUTOPSY? YES <input checked="" 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) (Min.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from 11-22-55, 19, to 11-26-55, 19, and that death occurred at 1:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE D. G. RUMER		23b. ADDRESS 915 N. Grand Blvd VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 11-26-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-29-1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo		24e. REGISTRAR'S SIGNATURE J. Carl Smith		24f. FUNERAL DIRECTOR'S SIGNATURE M. D. C. Fitzgerald	

DATE REC'D BY LOCAL REG. NOV 28 1955		25. FUNERAL DIRECTOR'S ADDRESS 6409 Gravois Ave	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING 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 card was embalmed by me, or by, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... *Van M. Sizemore*
Licensed Embalmer No. *1343*
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.