

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32973**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **6273** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Fletchall)		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print)	a. (First) Aldula	b. (Middle) Mae	c. (Last) Glenn	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1956
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5. SEX Male Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 20, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Joshua Florea	13b. MOTHER'S MAIDEN NAME Molly Peterson	14. NAME OF HUSBAND OR WIFE George Glenn
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 Maude Goff - Grant City, Missouri

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH WKS	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			2
	ANTECEDENT CAUSES Tubercular Bone disease			60 Yrs
	DUE TO (b) Arterio Sclerosis		10 Yrs	
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

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) 0123
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 **July 1, 1956**, to **Sept 27, 1956**, that I last saw the deceased alive on **Sept 27, 1956** and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE D. L. Fullerton M.D. (Degree or title)	23b. ADDRESS Redding Iowa	23c. DATE SIGNED 10-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-1956	24c. NAME OF CEMETERY OR CREMATORY Tent Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Ringgold County, Iowa
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DATE REC'D BY LOCAL REG. 10-2-1956	REGISTRAR'S SIGNATURE Reta E. Dawson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill G. Dunfee - Grant City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

3450

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 *Bill A. Duff*.....

Licensed Embalmer No. *4960*.....

P. O. Address *Grant Co*.....

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.