

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**42219**

STATE FILE NUMBER

**FILED JAN 2 1957**

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONROE CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>522-2nd St.</b>			Length of stay in lb <b>2 hours</b>	d. STREET ADDRESS <b>MONROE CITY R. 3</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>RAYLIS</b> Last <b>Mc GLASSON</b>				4. DATE OF DEATH Month <b>DEC</b> Day <b>24</b> Year <b>1956</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 14, 1890</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b> Hours <b>0</b> Min.	IF UNDER 24 MRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MARION COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>LORENZO DOW Mc GLASSON</b>				14. MOTHER'S MAIDEN NAME <b>LUCY ABBIE HAWKINS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WAR I</b>		16. SOCIAL SECURITY NO. <b>498-38-6936</b>		17. INFORMANT <i>Ms Joellie Mc Glasson Monroe City, Mo. R. 3</i> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 Hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Heart Disease</b>						<b>2 Years</b>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4200</b>				
20c. TIME OF INJURY Hour <b>11:15 A</b> Month <b>11</b> Day <b>15</b> Year <b>56</b> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct 30</b> <b>56</b> to <b>Dec 24 1956</b> and last saw <sup>him</sup> <b>live</b> on <b>Dec 24, 1956</b> Death occurred at <b>11:15 A</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John A. [Signature]</i> (Physician or title)				22b. ADDRESS <b>Monroe City Missouri</b>		22c. DATE SIGNED <b>12/27/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-27-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ANDREW CHAPEL CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MARION COUNTY, MO</b>		
24. FUNERAL DIRECTOR <b>Wilson &amp; Son's Monroe City Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>12-29-56</b>		26. REGISTRAR'S SIGNATURE <i>Elise Robertson</i>	

Diseases in Part I that must be causally related. Coroner cannot certify to a death due to natural causes. See only standard nomenclature for symptoms to be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
Signature of Student Embalmer

Signed Leatie L. Wilson.....

Licensed Embalmer No. 301.....

P. O. Address Morris City.....

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