

FILED OCT 28 1957

STANDARD CERTIFICATE OF DEATH

State File No. **36850**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **436**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY OR TOWN SEDALIA		c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 215 South Quincy.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROTHWELL MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) Catherine	a. (First)	b. (Middle)	c. (Last) Glover	4. DATE OF DEATH Oct 21, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 19, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John B. Evans	13b. MOTHER'S MAIDEN NAME Eliza Unknown	14. NAME OF HUSBAND OR WIFE Pat Glover
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Glover, Sedalia, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Diabetic Mellitus		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 260X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **10/20**, 19**57**, to **10/21**, 19**57**, that I last saw the deceased alive on **10/21**, 19**57**, and that death occurred at **2:07 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas J. Hytko (Degree or title) M.D.	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 10/21/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/23/57	24c. NAME OF CEMETERY OR CREMATORY McGee Chapel	24d. LOCATION (City, town, or county) (State) Pettis County, Mo.
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DATE REC'D BY LOCAL REG. 10-22-57	REGISTRAR'S SIGNATURE Francis Shelby	25. GENERAL DIRECTOR'S SIGNATURE Francis Shelby ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

541-0

OCT 30 1957

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 *R. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sidalia*

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.