

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009528
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 303

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-57
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1. PLACE OF DEATH COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ozark, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hos		Length of stay in lb 7 Days		d. STREET ADDRESS (If outside, give location) Ozark, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Earnest Van Glenn			4. DATE OF DEATH Month Day Year Mar. 20, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22, 1902	9. AGE (In years last birthday) 55	10. F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME R. H. Glenn		13b. MOTHER'S MAIDEN NAME Mollie Regard	
14. NAME OF HUSBAND OR WIFE Emma 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. 448-16-6165	
17. INFORMANT Address Mrs. Emma Glenn, Ozark, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 8 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease per Arterio Sclerotic heart disease.		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Degenerative Emphysema.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 Ozark		COUNTY Greene		STATE Mo	
21. I attended the deceased from 3-17-58 , to 3-20-58 and last saw her alive on 3-20-58 Death occurred at 2:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Typed or title) O M.D.		22b. ADDRESS 609 Cherry-Springfield, Mo.	
22c. DATE SIGNED 3-25-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 23, 58	
23c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery		23d. LOCATION (City, town, or county) Selmore, Missouri		(State)	
24. FUNERAL DIRECTOR T. B. Chaffin Ozark		25. DATE RECD. BY LOCAL REG. Mar 3-27-58		26. REGISTRAR'S SIGNATURE Effie S. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 1958

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 *T. B. Chaffin*

Licensed Embalmer No... *2192*

P. O. Address... *Ozark, Mo.*

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.