

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25706-58

58-018991
STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 164

300
1-57
0

| | | | | | |
|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0644 |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1016 Fulton | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First VIRGINIA Middle SUE Last GLASCOCK | | | 4. DATE OF DEATH Month April Day 30 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 30, 1958 | 9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX | 10b. KIND OF BUSINESS OR INDUSTRY XX | 11. BIRTHPLACE (City and state or country) Hannibal Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME George Glascock | | 13b. MOTHER'S MAIDEN NAME Sharon Rogers | | 14. NAME OF HUSBAND OR WIFE XX | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX XX | | 16. SOCIAL SECURITY NO. XX | 17. INFORMANT George Glascock Address Hannibal 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) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Premature birth DUE TO (c) Abruptio placental PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 35 min |
| 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 10:45 P Month, Day, Year 4-30-58 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 Hannibal | | COUNTY Marion STATE Missouri |
| 21. I attended the deceased from 4-30-58 to 4-30-58 and last saw ^{her} alive on 4-30-58 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) James R. Bump, M.D. | | | 22b. ADDRESS Hannibal, Missouri | | 22c. DATE SIGNED 5-14-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5/2/1958 | 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | | 23d. LOCATION (City, town, or county) (State) Hannibal Missouri |
| 24. FUNERAL DIRECTOR W. Crawford Smith | | ADDRESS Hannibal Missouri | 25. DATE RECD. BY LOCAL REG. 5-19-1958 | 26. REGISTRAR'S SIGNATURE Dr. E. M. Luckley by H. C. Fisher | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

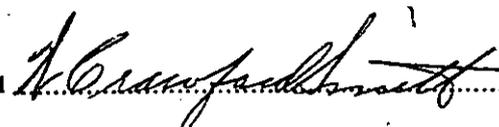
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED MAY 21 1958
MARION CO. HEALTH DEPT.
DATE FILED MAY 21 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 This body was not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No....3814.....

P. O. Address.....Hannibal, Missouri

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.