

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000588
STATE FILE NUMBER

8
FILED FEB 2 1959 Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 1

300
-57

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN Nixa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nixa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence	Length of stay in 1b 47 years	d. STREET ADDRESS no street address	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) ROGER WESLEY GLENN	4. DATE OF DEATH Month Jan. Day 24 Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 0 Days 22 Hours 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker & Welder	10b. KIND OF BUSINESS OR INDUSTRY ERISCO RR	11. BIRTHPLACE (City and state or country) Jamesville, Missouri (Stone Co.)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George P. Glenn	13b. MOTHER'S MAIDEN NAME Martha F. Thompson	14. NAME OF HUSBAND OR WIFE Sophie Zay
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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.	17. INFORMANT George P. Glenn, Nixa, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary failure DUE TO (b) toxemia DUE TO (c) Hypostatic pneumonia	INTERVAL BETWEEN ONSET AND DEATH 7 hrs. 4 days 2 days
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 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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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 Nixa	COUNTY Mo.	STATE Mo.
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21. I attended the deceased from 1-6-59 to 1-24-59 and last saw her alive on 1-24-59 Death occurred at 10:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Harold Shaffer	(Degree or title)	22b. ADDRESS Nixa, Mo.	22c. DATE SIGNED 1-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/26/1959	23c. NAME OF CEMETERY OR CREMATORY Glenn Cemetery	23d. LOCATION (City, town, or county) (State) Nixa, Missouri
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24. FUNERAL DIRECTOR Dean Harris	ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 30, 1959	26. REGISTRAR'S SIGNATURE Oline Hutter
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 17 1959

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 *Jean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Clever, 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.