

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022317
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 5

S. 300
v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAMMOIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CHAMMOIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy # 89 North		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) c 76
3. NAME OF DECEASED (Type or print) First Middle Last JAMES HOMER GLEN			4. DATE OF DEATH Month Day Year JUNE 24 1959
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 June 20, 1953
9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	11. BIRTHPLACE (City and state or country) Maysville Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Glen		13b. MOTHER'S MAIDEN NAME Bertha Caldwell	14. NAME OF HUSBAND OR WIFE Flora V Topel Glen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs James H. Glen Address Chamois Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest, and Internal Injuries DUE TO (b) Automobile Collision accident DUE TO (c) on Highway # 89 South of Chammo, MO 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 Instant
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 2:15 p.m. June 24, 59	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Mo. Highway #89 north	20f. CITY, TOWN, OR LOCATION Osage	20g. STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clyde Morton</i> Coroner		22b. ADDRESS Linn Mo	22c. DATE SIGNED 6/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. NAME OF CEMETERY OR CREMATORY Oakland cemetery	23c. LOCATION (City, town, or county) (State) Chamois Mo	
24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. June 26, 1959	26. REGISTRAR'S SIGNATURE <i>Josephine Schieder</i>

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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 *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.