

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032890

FILED VS SEP 28 1959 / 69

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Knox County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newark</u>		c. CITY OR TOWN <u>Newark</u>	
Length of stay in lb <u>life</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mattie O Glover</u>			4. DATE OF DEATH Month <u>September</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 4, 1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Newark, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>David R. Downing</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Towson</u>		14. NAME OF HUSBAND OR WIFE <u>Albert D. Glover</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Dr. Kenneth Glover</u>	Address <u>Newark, Missouri</u>
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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) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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. <u>10 yrs</u>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 COUNTY _____ STATE _____
21. I attended the deceased from <u>1952</u> to <u>Sept 21, 1959</u> and last saw her/him alive on <u>Sept 24, 1959</u> Death occurred at <u>1 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Kenneth Glover D.O.</u>	22b. ADDRESS <u>Newark MO.</u>	22c. DATE SIGNED <u>9-22-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/23/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>
24. FUNERAL DIRECTOR <u>Charles J. Sebely, Inc.</u>		23d. LOCATION (City, town, or county) (State) <u>La Belle Missouri</u>
25. DATE RECD. BY LOCAL REG. <u>Sept-24-59</u>		26. REGISTRAR'S SIGNATURE <u>Neil S. Harnett</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

