

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034925

FILED VS OCT 5 1959 3 8/1

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>MISSOURI</b> COUNTY <b>SULLIVAN</b> (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MILAN</b>	Length of stay in 1b <b>37 days</b>	c. CITY OR TOWN <b>MILAN</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SULLIVAN COUNTY MEM.</b>		d. STREET ADDRESS (If outside, give location) <b>216 East 1st Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>WILLIAM</b> Last <b>GLIDEWELL</b>	4. DATE OF DEATH Month <b>9</b> Day <b>21</b> Year <b>1959</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/4/1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>MILAN, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>GEORGE GLIDEWELL</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY ANN JUDD</b>	14. NAME OF HUSBAND OR WIFE <b>LALIA BELLE GLIDEWELL</b>
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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) <b>YES WORLD WAR I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. J. W. Glidewell</b>	Address <b>Milan, Mo.</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 Min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 <b>MILAN</b>	COUNTY <b>SULLIVAN</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from **9-21-59** to **9-21-59** and last saw him alive on **9-21-59**  
Death occurred at **11:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>V. I. Robinson</b>	(Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Milan, Mo.</b>	22c. DATE SIGNED <b>9-22-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>9-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deep Springs</b>	23d. LOCATION (City, town, or county) (State) <b>Milan Mo.</b>
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24. FUNERAL DIRECTOR <b>Legg Funeral Home</b>	ADDRESS <b>Milan Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-26-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 6 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

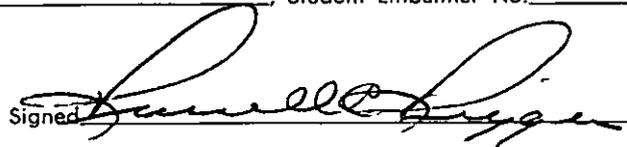
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3782

P. O. Address Mulo, MS

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.