

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039774

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 142

EMENDED

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARTINSVILLE		c. CITY OR TOWN MARTINSVILLE	
Length of stay in 1b # 3 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) NO NUMBER	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last LAZELLE SEYMORE GLENN			4. DATE OF DEATH Month Day Year NOVEMBER 15, 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 1-4-1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 11 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) SOUTH DAKOTA,	
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME CLINTON GLENN		13b. MOTHER'S MAIDEN NAME MATTIE ROUP	
14. NAME OF HUSBAND OR WIFE GRACE GLENN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.II		16. SOCIAL SECURITY NO. DO NOT KNOW	
17. INFORMANT GRACE GLENN, MARTINSVILLE, MISSOURI		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUICIDE		INTERVAL BETWEEN ONSET AND DEATH 0
DUE TO (b) 410 Gunshot in roof of mouth		
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 410 Gunshot in roof of mouth
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 4:00 P.M.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION Martinsville, Harrison, Missouri	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Brenda L. Wood D.L.</i>		22b. ADDRESS BETHANY, MO.	22c. DATE SIGNED 11-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-17-1959	23c. NAME OF CEMETERY OR CREMATORY MAGEE CEMETERY	23d. LOCATION (City, town, or county) (State) MARTINSVILLE, MISSOURI
24. FUNERAL DIRECTOR <i>W. S. Haas</i> BETHANY, MO.		25. DATE RECD. BY LOCAL REG. 11-17-1959	26. REGISTRAR'S SIGNATURE <i>Jella Masey</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 7 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany Tn

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.