

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

'59 0 43 2 0 7

STATE FILE NUMBER

Registration District No. / Primary Registration District No. 3000 Registrar's No. 396

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb 3 mo.		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1105 S. Florence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1105 S. Florence	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD LESLIE GLASGOW			4. DATE OF DEATH Month Day Year Dec. 30 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 4/29/94	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY Shoe		11. BIRTHPLACE (City and state or country) Yumpa, Colo.	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME John Glasgow		13b. MOTHER'S MAIDEN NAME Mary James	
14. NAME OF DECEASED OR WIFE Thelma Glasgow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. 327-05-6625H	
17. INFORMANT Thelma Glasgow, Kirksville, Mo.		17. INFORMANT 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) <u>Cerebral hemorrhage (rt) few hrs.</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac vascular disease yrs.</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) <u>Several strokes past 2 years</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	
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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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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 11/27/59 to 12/26/59 and last saw him alive on 12/26/59
Death occurred at 8:45a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. M. Pluse D.D.</u>		22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>12/30/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/2/60</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Highland Park</u>	23d. LOCATION (City, town, or county) (State) <u>Kirksville, Adair, Mo.</u>	
24. FUNERAL DIRECTOR (Name and address) <u>Foster Memorial Home, Kirksville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-2-1960</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. D. McCURE, D.O.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.