

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026614

FILED VS JUL 18 1960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 4508 Registrar's No. 86

ENDED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cainsville</u>		Length of stay in 1b <u>60 yrs.</u>	c. CITY OR TOWN <u>Cainsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Bert</u> Middle <u>Glaze</u> Last <u>Glaze</u>			4. DATE OF DEATH Month <u>7</u> Day <u>11</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-3-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock & Grain</u>		11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Samuel Nelson Glaze</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Kenyon</u>		
14. NAME OF HUSBAND OR WIFE <u>Emma Glaze</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>494-40-8599</u>		
17. INFORMANT <u>Emma Glaze, Cainsville, Mo.</u>		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>Coronary Occlusion</u> DUE TO (b) <u>Multiple Emboli</u> DUE TO (c) <u>Blood Dyscrasia as Bp. always low</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>34 days</u> <u>not known</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility - note age</u>			PART II. 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 type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>not injured</u>		
20c. TIME OF INJURY Hour <u>not injured</u> 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 <u>Cainsville</u> COUNTY <u>Harrison</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>May 27, 1960</u> to <u>July 10, 1960</u> and last saw him alive on <u>July 10, 1960</u> Death occurred at <u>12:20 pm</u> on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>William R. Ballinger</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Cainsville, Missouri.</u>		22c. DATE SIGNED <u>7-11-60</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-13-60</u>	23c. NAME OF SEMETERY OR CREMATORY <u>Glaze Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>R. F. D. Cainsville, Mo.</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u>		ADDRESS <u>Cainsville, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Jella Masey</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

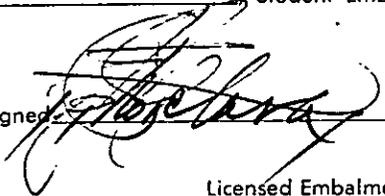
6/14/11 Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.