

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035626

FILED VS SEP 30 1960

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twp		Length of stay in Ib life		c. CITY OR TOWN Chamois		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at his home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle Glavin Last Glavin				4. DATE OF DEATH Month Sept Day 26 Year 1960					
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 4/7/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 4 Days 19 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Dear Creek		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Dennis Glavin			13b. MOTHER'S MAIDEN NAME Elizabeth Broder			14. NAME OF HUSBAND OR WIFE Clemence Senevy Glavin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs Wm Glavin		Address Chamois Mo RFD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 min. 25 yrs. -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial & chest colds Blindness						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 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 Chamois Mo		STATE Mo	
21. I attended the deceased from 9-20-57 to 9-26-60 and last saw ^{her} him alive on Feb. 14-1960 . Death occurred at 9:30a on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.				22b. ADDRESS Chamois, Mo.			22c. DATE SIGNED 9-27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/28/60	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery		23d. LOCATION (City, town, or county) Chamois Mo		(State)			
24. FUNERAL DIRECTOR Clyde Morton			ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. Sept 27, 1960		26. REGISTRAR'S SIGNATURE Josephine Scheider		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 A. T. 100

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn M

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.