

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039460

FILED VS NOV 15 1960

STATE FILE NUMBER

Registration District No. 346 Primary Registration District No. _____ Registrar's No. 429

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Francois Twp.		a. STATE Missouri		b. COUNTY St. Francois					
OR TOWN Farmington-rural		Length of stay in lb 11 Days		c. CITY OR TOWN Flat River		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M. A. Osteo Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 712 W. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH							
First GLYNN		Middle (NMI)		Last GLASSCOCK		Month Day Year Nov. 5, 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 10/8/1895					
				9. AGE (last birthday) 65		IF UNDER 1 YEAR Months 0 Days 27					
						IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant			10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and state or country) Rutherford, Tenn		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME John Glasscock			13b. MOTHER'S MAIDEN NAME Ida O'Daniels			14. NAME OF HUSBAND OR WIFE Evelyn Bahn Glasscock					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War # 21			16. SOCIAL SECURITY NO. 486-38-0345		17. INFORMANT Jack Glasscock			Address Flat River, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) Terminal Pneumonia							16 hours				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral embolism -							10 days				
DUE TO (c) Cerebral vascular disease							10 years				
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 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 Month, Day, Year 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 1950, May - to 11/5/60 and last saw him live on 11/5/60 Death occurred at 2:48 am - on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>W. A. Ralston</i>				22b. ADDRESS Flat River, Missouri		22c. DATE SIGNED 11/5/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/7/1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.					
24. FUNERAL DIRECTOR Murphy L. Sparks				ADDRESS Flat River, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 7, 1960		26. REGISTRAR'S SIGNATURE <i>Ether Ralston</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1960

JUN 13 1962

AUG 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

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

Student _____
Signature of Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4-236

P. O. Address Sparks

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