URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

ENDED

60-045576

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE Mo. b. COUNTY Daviess
c. CITY OR TOWN Pattonsburg
Inside Limits Yes ☐ No ☑
d. STREET ~~ADDRESS~~ (If outside, give location) Rural Pattonsburg
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First CHARLEY Middle GLASSON Last
4. DATE OF DEATH Month December Day 16 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH APR 5 1884
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days 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 Farming
11. BIRTHPLACE (City and state or country) Daviess County Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Glasson
13b. MOTHER'S MAIDEN NAME Martha Vanover
14. NAME OF HUSBAND OR WIFE Lela Glasson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-42-7630
17. INFORMANT Mrs C. Glasson Address Pattonsburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Did not, to _____ and last saw her/him alive on did not
Death occurred at 6:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P S Baumgardner DO (Degree or title) Daviess Co Coroner
22b. ADDRESS Pattonsburg, Mo
22c. DATE SIGNED 12/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 19 DEC 1960
23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.
23d. LOCATION (City, town, or county) (State) Pattonsburg Missouri

24. FUNERAL DIRECTOR H. A. Roberson ADDRESS Pattonsburg, Mo.
25. DATE RECD. BY LOCAL REG. 27 Dec. 1960
26. REGISTRAR'S SIGNATURE Virgil M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

FEB 15 1961

JAN 10 1961

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_____ Signed Harvey A. Robinson
Signature of Student Embalmer

Licensed Embalmer No. 5075

P. O. Address Pattonburg, Th

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