MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007554
STATE FILE NUMBER

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 9

FILED APR 5 1961

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wayne — Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. S of Zalma — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 Mi.S of Zalma

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bollinger
c. CITY OR TOWN Zalma — Inside Limits Yes ☐ No ☑
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Ida Middle: May Last: Glasener
4. DATE OF DEATH Month: March Day: 14 Year: 1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-23-72
9. AGE (last birthday): 88 — IF UNDER 1 YEAR Months: 2 Days: 21 — IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): New Haven, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: J. C Cubbage
13b. MOTHER'S MAIDEN NAME: Butts
14. NAME OF HUSBAND OR WIFE: Jesse Glasener
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.: None
17. INFORMANT: Mrs Sam McKee, Zalma, Mo. Address

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) arteriosclerotic heart dis. — INTERVAL BETWEEN ONSET AND DEATH yrs.
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 1959, to march 61 and last saw her alive on 1 mar 61
Death occurred at 14 mar 61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joe A. Zimmerman (Degree or title) M.D.
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 27 MAR 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-16-61
23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery
23d. LOCATION (City, town, or county) (State) Lutesville, Mo.

24. FUNERAL DIRECTOR ADDRESS Baker Funeral Home, Lutesville, Mo
25. DATE RECD. BY LOCAL REG. 3/28/61
26. REGISTRAR'S SIGNATURE Mrs. Buford Carder

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.