

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012572

STATE FILE NUMBER

AMENDED

Primary Registration District No. 3006 Registrar's No. 306

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>2 1/2 yrs</u>	c. CITY OR TOWN <u>Columbia</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 <u>4th + Ash Streets</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>115 Wash</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lean</u> Middle <u>Glasgow</u> Last <u>Glasgow</u>			4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1961</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>9-11-14</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or country) <u>Dalton Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Nathan L. Glasgow</u>		13b. MOTHER'S MAIDEN NAME <u>Adella Lajoie</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Glasgow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>yes</u> <u>World War II</u>				17. INFORMANT <u>Mrs. Helen Glasgow - Columbia, Mo</u> Address <u> </u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage from Femoral artery INTERVAL BETWEEN ONSET AND DEATH 10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gunshot wound (homicide)

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 3:00 a.m. p.m. Month, Day, Year 5/7/61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, bridge, etc.) 4th + Ash Streets

20f. CITY, TOWN, OR LOCATION Columbia Boone Missouri COUNTY Boone STATE Missouri

21. I attended the deceased from Corner Case and last saw her/him alive on
Death occurred at ca. 3:00 A.M. 5-7-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard E. Johnson, M.D. 22b. ADDRESS Columbia, Mo 22c. DATE SIGNED 5-9-61

23a. BURIAL, CREMATION, RECOVERY, REMOVAL (Specify) Burial 23b. DATE 5/12/61 23c. NAME OF CEMETERY OR CREMATORY Keywell Mo 23d. LOCATION (City, town, or county) (State) Keywell, Missouri

24. FUNERAL DIRECTOR Genert Green ADDRESS Fulton Mo 25. DATE RECD. BY LOCAL REG. May 12 1961 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NEW NO. SHOULD READ

MAY 19 1961

MAY 16 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 _____
Signature of Student Embalmer

Signed Gayette Green

Licensed Embalmer No. 4220

P. O. Address Sutton

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.