

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Wright -61-016156

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 11

STATE FILE NUMBER

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SHELBYVILLE</u>		Length of stay in 1b <u>60 YRS</u>		c. CITY OR TOWN <u>SHELBYVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) <u>HOME RFD SHELBYVILLE</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>NANNIE</u> Middle <u>E</u> Last <u>GLAHN</u>				4. DATE OF DEATH Month <u>APRIL</u> Day <u>4</u> Year <u>1961</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-27-1873</u>		9. AGE (last birthday) <u>87</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING - HOUSEWIFE</u>		11. BIRTHPLACE (City and state or country) <u>SHELBY COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>				
13a. FATHER'S NAME <u>JAMES RICHISON</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA PATTON</u>			14. NAME OF HUSBAND OR WIFE <u>SOLOMON GLAHN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>HARRY GLAHN SHELBYVILLE MO</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) <u>Bilateral lobar Pneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 Days.</u>		
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. <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		COUNTY		STATE		
21. I attended the deceased from <u>1959</u> to <u>3 April 61</u> and last saw her alive on <u>3 April 1961</u> . Death occurred at <u>7:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Wright</i> (Degree or title)						22b. ADDRESS <u>Beacons MO</u>		22c. DATE SIGNED <u>10 April 61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-6-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CLARENCE MO</u>				
24. FUNERAL DIRECTOR <u>GREENING</u>				ADDRESS <u>CLARENCE MO</u>		25. DATE RECD. BY LOCAL REG. <u>4-13-61</u>		26. REGISTRAR'S SIGNATURE <u>Ada Harrison</u>		

APR 19 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles V. Heavin

Licensed Embalmer No. 4625

P. O. Address Clarence

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.