

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020532
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 144

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 26 1961

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | Length of stay in 1b DEAD ON ARRIVAL | c. CITY OR TOWN CHAFFEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 127 YOKUM Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle (NONE) Last GLENCE | | | 4. DATE OF DEATH Month JUNE Day 9 Year 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-14-92 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION HAND | | 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD | 9. AGE (last birthday) 68 |
| 11. BIRTHPLACE (City and state or country) ORAN, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME WILLIAM GLENCE | | 13b. MOTHER'S MAIDEN NAME HANNA RHIDER | 14. NAME OF HUSBAND OR WIFE NONE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WVI | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT LOBAR, PNEUMONIA. DUE TO (b) SECONDARY ANEMIA. DUE TO (c) HEMORRHAGE FROM PEPTIC ULCER. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 2 Days 10 Days 10 Days |
| 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. Dead on Arrival, 6/9/61, 2:00PM Death occurred at Approx. 1:45 pm enroute to va hospital, Poplar Bluff, Mo. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) RUDOLF KNAPP, M.D., Adm. Phy. Medical Svc. VA Hospital, Poplar Bluff, Mo. | | 22b. ADDRESS | 22c. DATE SIGNED 6/12/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JUNE 12 1961 | 23c. NAME OF CEMETERY OR CREMATORY ST. AMBROSE CATHOLIC Cem. | 23d. LOCATION (City, town, or county) (State) CHAFFEE Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Displinghoff Funeral Home - Chaffee, Mo. | | 25. DATE RECD. BY LOCAL REG. 6/19/61 | 26. REGISTRAR'S SIGNATURE Thelma Seaman |

(Licensed Embalmer's Statement on Reverse Side)

1961 JUL 27

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

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo

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.