MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

12 -61-028603

STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5201 Registrar's No. ~~59~~

FILED SEP 11 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dewitt Township — Length of stay in 1b: Her Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Carrollton R.F.D. #2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Carroll
c. CITY OR TOWN: Dewitt Township. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Helen — Middle: Mae — Last: Glasgow.

4. DATE OF DEATH: Month: Sept. — Day: 1 — Year: 1961

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-21-04.
9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months 5, Days 10 — 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: Housework
11. BIRTHPLACE (City and state or country): Carroll County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Childs
13b. MOTHER'S MAIDEN NAME: Ada Martin.
14. NAME OF HUSBAND OR WIFE: Gussie Glasgow (Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
17. INFORMANT — Address: Cora Childs (Carrollton R.F.D. #2)

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): Carcinoma of the liver. — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cause unknown
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 July 1, 1961, to Sept. 1, 1961 and last saw her/him alive on Sept. 1, 1961
Death occurred at 5:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): R. Hamilton Staten, M.D.
22b. ADDRESS: Carrollton, Missouri.
22c. DATE SIGNED: Sept 2/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-61
23c. NAME OF CEMETERY OR CREMATORY: Dewitt Cemetery (colerd)
23d. LOCATION (City, town, or county): Dewitt — (State) MO. 61

24. FUNERAL DIRECTOR — ADDRESS: Marshall F. Home (Carrollton Mo.)
25. DATE RECD. BY LOCAL REG.: 9-7-1961
26. REGISTRAR'S SIGNATURE: Pearl Koch

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 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_____ Signed R. M. Marshall.
Signature of Student Embalmer

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.