

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039862

STATE FILE NUMBER

Registration District No. 38-1 Primary Registration District No. 6178 Registrar's No. 94

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Reger</u>		Length of stay in 1b <u>25 yrs</u>	c. CITY OR TOWN <u>Reger</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>None</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Glidewell</u> Last	4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1961</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>2/27/1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan county, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
--	---	--	---

13a. FATHER'S NAME <u>James Glidewell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Black</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Mae Glidewell</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>None</u>	17. INFORMANT <u>Dora Glidewell Reger, Mo</u>	Address
---	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary atherosclerosis</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	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 <u>10:00</u> a.m. <u>10:00</u> 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.) <u>Reger, Sullivan Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Reger, Sullivan Mo</u>	COUNTY <u>Sullivan</u>	STATE <u>Mo</u>
--	---	---	---------------------------	--------------------

21. I attended the deceased from July 1954 to Oct 28, 1961 and last saw him alive on Oct 21, 1961
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>10/28/61</u>
--------------------------------------	-------------------	----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/31/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deep Springs Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo.</u>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Schoenig</u> ADDRESS <u>Milan, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-2-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 George W. Davack

Licensed Embalmer No. 4799

P. O. Address Milaw, MD

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.