

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040079
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

UNAMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 42

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>Versailles</u>	
Length of stay in 1b <u>3 weeks</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>OAKHEAVEN Rest home</u>		d. STREET ADDRESS (If outside, give location) <u>SUNRISE BEACH</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>BENTON</u> Middle <u>H.</u> Last <u>GLODY</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>13</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>July 19, 1878</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

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

13a. FATHER'S NAME <u>William Glody</u>	13b. MOTHER'S M. IDEN NAME <u>Vina unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Cara Glody</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> <u>NO</u>		17. INFORMANT <u>Cara Glody (Sister)</u>

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>5 HOURS.</u> <u>15 HRS.</u> <u>15 YRS.</u>
IMMEDIATE CAUSE (a) <u>ACUTE MEDULLARY FAILURE</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CEREBRAL HEMMORHAGE</u>	
DUE TO (c) <u>ARTERIO SCHLEROSIS</u>		
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 <u>4:15</u> a.m. p.m.	Month, Day, Year <u>OCT., 24, 1961</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 OCT., 24, 1961 to NOV., 13, 1961 and last saw her/him alive on NOV., 12, 1961
Death occurred at 4:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Russ Selley DO</u>	(Degree or title)	22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>11-14-61</u>
---	-------------------	------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 14 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunrise Beach Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sunrise Beach Camden Co, Mo</u>
24. FUNERAL DIRECTOR <u>John F Reser</u>	ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 17 1961</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 21 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

John J. Reese

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.