

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-017752  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 42

FILED MAY 15 1962

VS 300  
Rev. 4/59

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DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		Length of stay in lb <b>3 1/2 wks.</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>		c. CITY OR TOWN <b>Cabool</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Texas County Mem. Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>Harrison</b> Middle <b>L.</b> Last <b>Glenn</b>			4. DATE OF DEATH Month <b>5</b> Day <b>8</b> Year <b>1962</b>			5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/30/77</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Edward Glenn</b>				13b. MOTHER'S MAIDEN NAME <b>Lucy</b>			14. NAME OF HUSBAND OR WIFE <b>Ruth Glenn</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Ruth Glenn, Cabool, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>			
DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>										<b>?</b>			
DUE TO (c) <b>SENILITY AND DIABETES MELLITUS</b>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ARTERIOSCLEROTIC GANGRENE OF TOES, LEFT.</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 <b>2-10-62</b> to <b>5-8-62</b> and last saw <sup>her</sup> him alive on <b>5-8-62</b> Death occurred at <b>12:35</b> <b>P</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE <i>Elliott Gentry</i>				Degree title		22b. ADDRESS <i>Cabool, Mo</i>		22c. DATE SIGNED <b>5-11-62</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5/10/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Steely Chapel Cemetery</b>		23d. LOCATION (City, town, or county) <b>Elk Creek, Mo.</b>		(State)					
24. FUNERAL DIRECTOR <b>Elliott-Gentry Funeral Home, Cabool, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5-14-62</b>		26. REGISTRAR'S SIGNATURE <i>Myrtie Craig</i>							

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

**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 James Kentry

Licensed Embalmer No. 4718

P. O. Address Calool, 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.