

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032095
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 218

VS 300
Rev. 4/59

1 0887

2 0690

3 1

4 1

5 1

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7 0

8 0

9 158X

10

11

12 5-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED SEP 14 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Randolph</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Monroe</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly, Mo.</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Holliday</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>N. of Holliday</u>
3. NAME OF DECEASED (Type or print) First <u>Glenn</u> Middle <u>W.</u> Last <u>Glasscock</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>Female</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>8-16-1888</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>--</u> Days <u>--</u>	IF UNDER 24 HR Hours <u>--</u> Min. <u>--</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Wood</u>	
13b. MOTHER'S MAIDEN NAME <u>David Ella Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Glasscock</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>Frank Glasscock Holliday, Mo.</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>9 mo</u>
IMMEDIATE CAUSE (a) <u>Adverse Calcification of meninges</u>			DUE TO (b) <u>Opportunistic with metastasis</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>a.m.</u> 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 <u>Sept 2</u> to <u>Sept 6 1962</u> and last saw her <u>him</u> alive on <u>Jan 8 1962</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. C. Fleming M.D.</u> (Degree or title)		22b. ADDRESS <u>Moberly Mo</u>	22c. DATE SIGNED <u>9-7-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-9-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holliday Mo.</u>
24. FUNERAL DIRECTOR <u>Thompson-Mackler</u> ADDRESS <u>Madison, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-7-62</u>	REGISTRAR'S SIGNATURE <u>Lesbelle</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, 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.