

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043213

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 169

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Jefferson</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim Twp.</u> | | Length of stay in 1b <u>2 Days</u> | c. CITY OR TOWN <u>DeSoto</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jeff. Memorial Hosp.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1237 So. Second St.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Irvin</u> Last <u>Glore</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1962</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>11/25/16</u> |
| 9. AGE (last birthday) <u>45</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>Tavern Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John H. Glore</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Ellen Haverstick</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ethel Sansoucie Glore</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u> | | 17. INFORMANT Address <u>Mrs. Ethel Glore, DeSoto, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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 | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| 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.) <u>no.</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 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>april 1953</u> to <u>Nov 15, 1962</u> and last saw him alive on <u>Nov 15, 1962</u> Death occurred at <u>4 12 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John V. Mothershead M.D.</u> | | 22b. ADDRESS <u>DeSoto, Mo.</u> | 22c. DATE SIGNED <u>Nov 16, 62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11/18/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | 23d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>J. L. Mothershead, DeSoto, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-16-62</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 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

J Lee Mathews

Licensed Embalmer No. 3531

P. O. Address

St. Louis, 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.