

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001410

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

27

FILED JAN 31 1966

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Windsor

Length of stay in 1b

4 months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Cass

c. CITY OR TOWN Harrinsonville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Route #3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First GEORGE

Middle -

Last GLASS

4. DATE OF DEATH

Month January 21, 1966

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/3/78

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Mt. Sterling, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Madison Allen

13b. MOTHER'S MAIDEN NAME

Louisa Glass

14. NAME OF HUSBAND OR WIFE

Clara Rubey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Sterling Glass, Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Acute Cardio-Respiratory Collapse 2 hrs.
Terminal Broncho-Pneumonia 3-4 days
Hypertensive Arteriosclerotic Heart Disease 6 mos.

INTERVAL BETWEEN ONSET AND DEATH

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.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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

9-24-65 to 1-21-66

and last saw him alive on 1-21-66

Death occurred at

7:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Signature or title)

Claude M. Thurber, M.D.

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

1/23/66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/23/66

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Ridge Cemetery, Weston, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Huston Funeral Home, Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

1-29-66

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0421

2 0190

3

4 C

5 1

6

7 1

8 2

9 443X

10

11

12 3-C

13 1-0

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.