

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0014531

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 127

FILED MAY 15 1967

1. PLACE OF DEATH
a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLINTONLength of stay in 1b
3 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 306 E. FRANKLIN
CLINTON NURSING HOMEInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN CLINTON

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
306 E. FRANKLIN
CLINTON, MO.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First SALLIE

Middle DOLLARHYDE

Last

4. DATE OF DEATH

Month MAY

Day 11

Year 1967

5. SEX

Female

6. COLOR OR RACE

CAUC.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

UNKNOWN

9. AGE (last birthday)

APPROX. 80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

None

10b. KIND OF BUSINESS OR INDUSTRY

WARD of STATE 67 yrs.

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

None

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

CLINTON NURSING HOME 306 E. FRANKLIN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

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

DUE TO (b)

Myocardial Insufficiency

3 days

DUE TO (c)

Cerebral Thrombosis

12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Arteriosclerosis

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 a.m. p.m.

Month, Day, Year

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 6-1-66, to 5-11-67 and last saw her alive on 5-11-67
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. L. Glassy DO

(Deceased's title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

5/12/67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

MAY 12, 1967

23c. NAME OF CEMETERY OR CREMATORY

ANATOMICAL Research

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

Columbia Missouri

24. FUNERAL DIRECTOR

R. E. Nichols Chapels

ADDRESS

CLINTON, MO.

25. DATE RECD. BY LOCAL REG.

May 12, 1967

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

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

29

VS 300
Rev. 4/59

1 0425

2 0425

3

4 1

5 0

6

7 9

8 2

9 332X

10

11

12 26-2

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, Md.

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.