

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8384**

FILED APR 5 1954

REG. DIST. NO. **137**

PRIMARY REG. DIST. NO. **2023**

Registrar's No. **341**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 2023		Registrar's No. 341			
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN Clinton		04200			
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 West Allen St				d. STREET ADDRESS (If rural, give location) 720 West Allen St					
3. NAME OF DECEASED (Type or Print) George Washington Glaze			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4-1-1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-12-1873		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Mth. Hours	IF UNDER 1 Mth. Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry C. Glaze			13b. MOTHER'S MAIDEN NAME Hanna M. Cain		14. NAME OF HUSBAND OR WIFE Glady Glaze				
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Glady Glaze ADDRESS Clinton Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pernicious anemia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic atrophic arthritis					INTERVAL BETWEEN ONSET AND DEATH 3 weeks 1 year 2 years		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 2900					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec , 1952, to April 1 , 1954, that I last saw the deceased alive on April 1 , 1954, and that death occurred at 12:05 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) S. B. Hughes, M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 4/2/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-3-1954	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton Mo				
DATE REC'D BY LOCAL REG 4-3-54		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Durring ADDRESS Clinton Mo					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

422

APR 21 1950

APR 9

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.