

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15262**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **15**

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 (If outside corporate limits, write RURAL and give township) OR TOWN **Clinton** c. LENGTH OF STAY (Specify place) **5 yrs** c. CITY OR TOWN **Clinton** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **611 E. Franklin St.** f. STREET ADDRESS (If rural, give location) **611 East Franklin St.**

3. NAME OF DECEASED (Type or Print) a. (First) **Mary** b. (Middle) **Ewing** c. (Last) **Glasscock** 4. DATE OF DEATH (Month) (Day) (Year) **June 4 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 2 1876** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Lexington, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Isaac Hulver** 13b. MOTHER'S MAIDEN NAME **Jemima (unknown)** 14. NAME OF HUSBAND OR WIFE **William L. Glasscock**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Harvey Glasscock 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CEREBRAL EMBOLUS**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **APOPLEXY**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 HR.
7 YR.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **334 X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 1948, to 4 June, 1955, that I last saw the deceased alive on 4 JUNE, 1955, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Hugh B. Walker, MD** 23b. ADDRESS **Clinton, Mo** 23c. DATE SIGNED **6 June 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/6/1955** 24c. NAME OF CEMETERY OR CREMATORY **Englewood** 24d. LOCATION (City, town, or county) (State) **Clinton, Missouri**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE **Louise S. Florence** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Edna E. Connelley Clinton, Mo.**

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

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... Eugene R. Corval...
Licensed Embalmer No... 468
P. O. Address... Clifton, N.J.

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.