

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40318

State File No.

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 56

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| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township): <u>CALHOUN</u> | | c. CITY OR TOWN <u>CALHOUN</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>27 yr</u> | | e. STREET ADDRESS (If rural, give location) <u>0420</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HER HOME</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MIRLIA</u> | b. (Middle) <u>BELLE</u> | c. (Last) <u>GLENN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 20 - 1955</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>1894 - JAN - 6 -</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u> | IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>SHAWNEE MOUND, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>HENRY</u> |
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| 13a. FATHER'S NAME <u>TOM MOORE</u> | 13b. MOTHER'S MAIDEN NAME <u>CORA ETTA BAILEY</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM H GLENN</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Comarah L. Purchase</u> | ADDRESS <u>R. 2. Wapato</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Diabetic Mellitus</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>260X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 10 - 2, 1951, to 12 - 20 1955, that I last saw the deceased alive on 12 - 12, 1955, and that death occurred at 7 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Claude M. Thurber, M.D.</u> | (Degree or title) <u>C</u> | 23b. ADDRESS <u>Windsor, Mo.</u> | 23c. DATE SIGNED <u>12/22/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>DECEMBER 23</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALHOUN</u> | 24d. LOCATION (City, town, or county) (State) <u>CALHOUN MO</u> |
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| DATE REC'D BY LOCAL REG. <u>12/23/55</u> | REGISTRAR'S SIGNATURE <u>Mildred Biggs</u> | 521 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Housey</u> | ADDRESS <u>Calhoun Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1956

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..... *Robert L. Danner*

Licensed Embalmer No. *47*

P. O. Address *Clinton*

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.