

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2542**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankclay		c. LENGTH OF STAY (in this place) 50 Yrs.	c. CITY OR TOWN Frankclay
d. FULL NAME OF HOSPITAL OR INSTITUTION Frankclay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) Anna	a. (First)	b. (Middle)	c. (Last) Glore	4. DATE OF DEATH Feb. 5, 1956	(Month) (Day) (Year)
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 8, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Palmer, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jerry Wilkinson	13b. MOTHER'S MAIDEN NAME Elizabeth Wright	14. NAME OF HUSBAND OR WIFE George Glore
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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) No	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE AND NAME Opal Whitt	ADDRESS Frankclay, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis in Cardiovascular system DUE TO (c) renal disease		Not known
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION No	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) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Frankclay, Mo.
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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 Jan 23, 1956 to Feb 5, 1956, that I last saw the deceased alive on Feb 4, 1956, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) John W. Hunt, M.D.	23b. ADDRESS Leadwood, Mo.	23c. DATE SIGNED 2/8/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/56	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery	24d. LOCATION (City, town, or county) (State) Leadwood, Mo.
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DATE REC'D BY LOCAL REG. Feb. 8, 1956	REGISTRAR'S SIGNATURE Catherine Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer	ADDRESS Leadwood, Mo.
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WRITE PLAINLY—USING UNFADING 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 *William E. Boyer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood*.....

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.