

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23172**
Registrar's No. **210**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 210	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City				c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY OR TOWN Russellville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 635 Virginia Street				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Lizzie Arizona Glover				4. DATE OF DEATH (Month) (Day) (Year) July 15-1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July, 18, 1879	
9. AGE (in years) 76		10. MONTHS 11		11. DAYS 27		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Near Russellville, Mo.	
13a. FATHER'S NAME James Simmons				13b. MOTHER'S MAIDEN NAME Eliza Ann Shikles		14. NAME OF HUSBAND OR WIFE Leonard W. Glover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy Chambers, Jefferson City	
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* Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac DUE TO (c) Vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 443x			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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)			
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?			
22. I hereby certify that I attended the deceased from Dec 24, 1955 , to July 15, 1956 , that I last saw the deceased alive on July 15, 1956 , and that death occurred at 7:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE H. Ockerson MD (Degree or title)				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED July 17, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-18-56		24c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery		24d. LOCATION (City, town, or county) (State) South of Russellville, Mo.	
DATE REC'D BY LOCAL REG. 17 July 1956		REGISTRAR'S SIGNATURE R.P. Davis MD MR		25. FUNERAL DIRECTOR'S SIGNATURE J.N. Schubert ADDRESS Russellville, Mo.			

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

8-0

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.....

Hugh H. Schubert

Licensed Embalmer No. 287

P. O. Address *Russell*

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.