

S. No. 30  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7943

FILED MAR 22 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 310

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

7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rose Leon Nursing Home 624 Prospect Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 7 Months  
(Specify whether)

In this community 68 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 Sacramento St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lois Belle Topham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Topham 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 29 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Glaebury Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Gladman OK

13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gladman OK

15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. H. Lisetor

(b) Address 2700 Sacramento St., St. Joseph, Mo

17. (a) Burial (b) Date thereof Mar. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-15-48 (b) R. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1948 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 1946 to Mar. 7 1948  
or Mar. 6 1948  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to chronic myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: 97 D  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature W. J. Jacobson (M. D. or other) \_\_\_\_\_  
Address St. Joseph Date signed 3/10/48

---

---

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Elbert E. Harrington*  
Licensed Embalmer No. *3258* *Missouri*  
P. O. Address *St. Joseph, 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.**