

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12932

State File No.

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 4257 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Johnsn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Leeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Leeton</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Leeton, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>	
		c. (Last) <u>Gladden</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 18, 1867</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pleasant B. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis Matlock</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert I. Gladden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl Coulter Leeton, Missouri</u>			
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* (a) <u>Arteriosclerosis (Cerebral)</u> INTERVAL BETWEEN ONSET AND DEATH <u>14</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>534X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		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 <u>3-30, 1948</u> to <u>3-31, 1949</u> , that I last saw the deceased alive on <u>3-31, 1949</u> , and that death occurred at <u>8:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper MD</u> (Degree or title)		23b. ADDRESS <u>Warrensburg Mo</u>	
23c. DATE SIGNED <u>4-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-7-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Mammie Webster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Bunnings</u>		ADDRESS <u>Warrensburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *W. A. Brunninger* _____

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, 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.