

FILED JAN-30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 87

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gladden Hotel		d. STREET ADDRESS (If rural, give location) Gladden Hotel	
3. NAME OF DECEASED (Type or Print) a. (First) Lucy		b. (Middle) Emily	c. (Last) Gladden
4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 7, 1865
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel owner & operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bonham Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Chesley Stoubaugh		13b. MOTHER'S MAIDEN NAME Mary Shanks	14. NAME OF HUSBAND OR WIFE Jonathan Isom Gladden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME T. Wayne Gladden, Chetopa, Kans.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) with coronary sclerosis. arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			
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 Dec 30, 1949 , to Jan 3, 1950 , that I last saw the deceased alive on Jan 3, 1950 , and that death occurred at 12:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. R. Brown M.D.		23b. ADDRESS Seligman	23c. DATE SIGNED 1-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-50	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	24d. LOCATION (City, town, or county) (State) Seligman, Missouri
DATE REC'D BY LOCAL REG. Jan 21-1950	REGISTRAR'S SIGNATURE Grace Williams	10	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Hooper, Cassville, Mo.
			ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 23 1950
District Health Office No. 6,
District File Number 150-126
Date Filed 1-27-50

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.....

M. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, 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.