

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36644**

370  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY OR TOWN <u>Rural Bourbois Twp</u>		c. CITY OR TOWN <u>Rural Bourbois Twp.</u> <u>0370</u>	
c. LENGTH OF STAY (in this place) <u>lifetim</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville Route 2</u>			
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>William</u> c. (Last) <u>Glaser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 4, 1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 MOS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm. Henry Glaser</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Jannick</u>	
		14. NAME OF HUSBAND OR WIFE <u>Emma Glaser</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>***</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martin Glaser Owensville, Mo. R.2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Thrombosis</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>Arteriosclerosis, advanced</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>141</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>10-24</u> 19 <u>50</u> , to <u>10-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-24</u> , 19 <u>50</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Brunner, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>	
		23c. DATE SIGNED <u>10-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bem, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Wardell Wallace</u> <u>363</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welford H. H. Winkler OWENSVILLE</u>	

File No.  
DISTRICT HEALTH OFFICE No. 4

NOV 28 1950

RECEIVED

REC 7 1951

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 me

working under my personal supervision.

Student Embalmer No.....

Signed: Melvin H N White

Signed.....  
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE N

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.