

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2159

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 13

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Gleason c. (Last) Gleason | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 19, 1862 |
| 9. AGE (In years last birthday) 88 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 11. BIRTHPLACE (State or foreign country) Iowa |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Issac Brown | | 13b. MOTHER'S MAIDEN NAME Josephine Brown | 14. NAME OF HUSBAND OR WIFE John B. Gleason |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Pearl Alexander Crocker, Missouri |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Dehiscence</i> ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>Myocardial Dehiscence</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Age</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>4201</i> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>me</i> | 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) (Minute) | 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 <i>Jan 18, 1951</i> to <i>Jan 15, 1951</i> that I last saw the deceased alive on <i>Jan 18, 1951</i> , and that death occurred at <i>11:27 p.m.</i> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS <i>Crocker Mo</i> | |
| 23c. DATE SIGNED <i>1-22-51</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>1/21/51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Crocker Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>Crocker, Missouri</i> |
| DATE REC'D BY LOCAL REG. <i>1-23-51</i> | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | ADDRESS <i>Crocker, Mo.</i> |

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

850
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0850
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RECEIVED 1-23-51
Nebraska County Health Officer
File Number
Date Filed 1-23-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter P. Hughes

Signed.....
Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Dover 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.