

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9327
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY OR TOWN <u>Mercer</u>		c. CITY OR TOWN <u>Mercer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>H. Gleshen</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				<u>2-21-51</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-22-1876</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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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	11. BIRTHPLACE (State or foreign country) <u>Mercer Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Frederick Gleshen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Byrdie Gleshen</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Byrdie Gleshen</u> ADDRESS <u>Mercer, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 weeks</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anoxia due to</u>		
	DUE TO (c) <u>rt lung base tumor</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 20, 1948, to Feb 21, 1951, that I last saw the deceased alive on Feb 21, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. ...</u> (Degree or title)	23b. ADDRESS <u>Mercer, Mo</u>	23c. DATE SIGNED <u>Feb 24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Early</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-17-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 398	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> ADDRESS <u>Princeton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Paul Moss

Signed.....
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Camerton, Ind.

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.