

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4273

State File No. 20676

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5675		Registrar's No. 8			
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		0570			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 105 South Fifth St.				d. STREET ADDRESS (If rural, give location) RFD - New Hope Community					
3. NAME OF DECEASED (Type or Print) a. (First) CLAUD			b. (Middle) TOLBERT		c. (Last) GLADNEY		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 5, 1885		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 18 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alexander Gladney			13b. MOTHER'S MAIDEN NAME Kathryn Crouch		14. NAME OF HUSBAND OR WIFE Eva (nee Austin) Gladney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-16-2841		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Gladney - Elsberry, Mo.					
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) Hypertensive heart disease 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.				INTERVAL BETWEEN ONSET AND DEATH 443X	
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)		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 5-20, 1951, to 6-8, 1951, that I last saw the deceased alive on 6-8, 1951, and that death occurred at 8:10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert M. Hull, D.O.				23b. ADDRESS Elsberry, Missouri		23c. DATE SIGNED 6-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1951	24c. NAME OF CEMETERY XXXX		24d. LOCATION (City, town, or county) (State) Elsberry, Mo.				
DATE REC'D BY LOCAL REG. 6-29-51		REGISTRAR'S SIGNATURE Mrs. Clarence Kerty		25. FUNERAL DIRECTOR'S SIGNATURE Charles Lind		ADDRESS Elsberry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 30 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

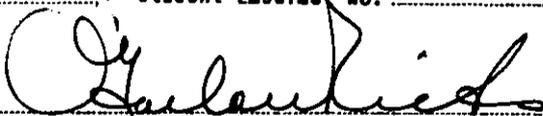
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4012

P. O. Address Elsberry, Missouri

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.