

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **29509**  
 Registrar's No. **989**

FILED OCT 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <i>Buchanan,</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph, Missouri, 0117</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital # 2</i>		d. STREET ADDRESS (If rural, give location) <i>Lake Portray Park</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Harold</i> c. (Last) <i>Glise</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 21, 1951</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Sept. 14, 1897</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Days <i>7</i>	IF UNDER 24 HRS. Hours <i>7</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of work life, even if retired) <i>Prohaneic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Amusement Park</i>		11. BIRTHPLACE (State or foreign country) <i>St. Joseph, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>George Glise</i>	13b. MOTHER'S MAIDEN NAME <i>Ella Nancy Cochran</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
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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) <i>Unknown</i>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Clarence L. Glise St. Joseph, Mo.</i>	ADDRESS <i>St. Joseph, Mo.</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Bronchial Pneumonia,</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension,</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Schizophrenia, mixed type</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>444X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 *9-18*, 19*51*, to *9-21*, 19*51*, that I last saw the deceased alive on *Sept 21*, 19*51*, and that death occurred at *9a* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Marie Washburn, M.D.</i>	23b. ADDRESS <i>State Hospital # 2</i>	23c. DATE SIGNED <i>9-21-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 22, 1951.</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Mora Cemetery.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Joseph, Missouri.</i>
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DATE REC'D BY LOCAL REG. <i>Sept 25, 1951</i>	REGISTRAR'S SIGNATURE <i>Carl C. Castro</i>	446	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Meuchner</i>	ADDRESS <i>St. Joseph, Mo.</i>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Raymond W. Morehead*

Signed.....

Student Embalmer

Licensed Embalmer No. *4419*

P. O. Address *Joseph, 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.