No. 300
10.48

FILED NOV 7 1951 Pus Home

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34184

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Higginsville
c. LENGTH OF STAY (In this place) 66 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Higginsville 0541
d. STREET ADDRESS (If rural, give location) 412 West 22nd. Street.

3. NAME OF DECEASED (Type or Print)
a. (First) Edwin
b. (Middle) B.
c. (Last) Gladish

4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 6, 1864
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 3 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing
11. BIRTHPLACE (State or foreign country) Dresden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James E. Gladish
13b. MOTHER'S MAIDEN NAME Isabelle Burnett
14. NAME OF HUSBAND OR WIFE Annie E. Whitworth Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-12-1806
17. INFORMANT'S SIGNATURE OR NAME Margaret Gladish ADDRESS Higginsville, 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) Carcinoma of Prostate with Metastasis — INTERVAL BETWEEN ONSET AND DEATH 14 MO.

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. Bronchiectasis — 20 YRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 177X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1950, *to* 10-25, 1951, *that I last saw the deceased alive on* 10-25-5, 1951, *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. E. Bumgarner M.D.
23b. ADDRESS Higginsville, Mo.
23c. DATE SIGNED 10-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-27-51
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) Higginsville, Missouri.

DATE REC'D BY LOCAL REG. Oct 31-1951
REGISTRAR'S SIGNATURE Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE Forrest A. Hoefer ADDRESS Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 3 1951

RECEIVED NOV 6 -- 1951

DISTRICT HEALTH OFFICE No. 3

District File Number ----------

Date Filed NOV 6 -- 1951 ---------

DEC 2 1 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~~ ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Forrest A. Hoefer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.