

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7701**

190
1
WED APR 9 1952
BIRTH NO.

REG. DIST. NO. **59**PRIMARY REG. DIST. NO. **5221**Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) Garden City - Rural		c. LENGTH OF STAY (In this place) 59 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Garden City - Rural		OR TOWN 0190			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Miles South - Dayton Twp.				d. STREET ADDRESS (If rural, give location) 1 Miles South - Dayton Twp.					
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Emma c. (Last) Gloyd			4. DATE OF DEATH (Month) (Day) (Year) 3 23 - 52						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3 - 1892		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dayton, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Smith			13b. MOTHER'S MAIDEN NAME Maggie Bollheaver		14. NAME OF HUSBAND OR WIFE J. P. Gloyd				
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 Mr. J. P. Gloyd					ADDRESS Garden City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 15 min		
	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.								
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)		4201			
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?					
22. I hereby certify that I attended the deceased from Jan 14 1952 , to 23 March 1952 , that I last saw the deceased alive on 22 March 1952 , and that death occurred at 8:50 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Leah K. H. Ellis, O.D.				23b. ADDRESS Garden City Mo			23c. DATE SIGNED 24 March 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25 - 1952	24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		24d. LOCATION (City, town, or county) (State) Dayton, Missouri				
DATE REC'D BY LOCAL REG. Mar 24, 1952		REGISTRAR'S SIGNATURE Corra Barward		457-0		25. FUNERAL DIRECTOR'S SIGNATURE Aitkinson & Kelsey Funeral Home			ADDRESS Garden City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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



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 *Ray J. Kiley*

Signed.....
Student Embalmer

Licensed Embalmer No. 4685

P. O. Address Andover City, 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.