

5. No. 300
v. 10.48

JUL 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. **23856**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5185** Registrar's No. **232**

0160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Cape Gir 1 mi		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitewater 0160	
c. LENGTH OF STAY (in this place) unknown		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau County Home			

3. NAME OF DECEASED (Type or Print) a. (First) Johnie b. (Middle) Silvester c. (Last) Glath			4. DATE OF DEATH (Month) (Day) (Year) 7 / 15 / 52		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 25, 1898	9. AGE (In years last birthday) 53	UNDER 1 YEAR Months DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME George W. Glath	13b. MOTHER'S MAIDEN NAME Fronia Walder	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME William L. Glath	ADDRESS Whitewater
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiplesclerosis		
	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 345 X	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)
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 **1949** to **July 15, 1952**, that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **3:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE S. G. Sibert (Degree or title) M.D.	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED July 22, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/52	24c. NAME OF CEMETERY OR CREMATORY Passover Cemetery	24d. LOCATION (City, town, or county) (State) Cape Gir Mo
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DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Leopold S. Meyer	ADDRESS Advance, Mo.
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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 _____

William H Morgan

Student Embalmer No. _____

working under my personal supervision.

Student Embalmer

Signed *William H Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advocate, 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.