No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13315

State File No. .....

FILED MAY 11 1953

BIRTH NO. 20296 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 517

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methosidt Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worth 1130
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Ruth
c. (Last): Gladstone

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: April 24, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 6; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William G. Gladstone
13b. MOTHER'S MAIDEN NAME: Ruth E. Stevenson
14. NAME OF HUSBAND OR WIFE: ———

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.: ———
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. William Gladstone, Worth, 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) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
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: 7625
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* Apr. 24, 1953, *to* Apr. 30, 1953, *that I last saw the deceased alive on* Apr. 30, 1953, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles F. Sherlin, M.D. 0
23b. ADDRESS: 902 Edmond St. St. Jos. Mo
23c. DATE SIGNED: 5/1/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4/30/1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Grant City Missouri

DATE REC'D BY LOCAL REG.: May 6, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 4850
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heaton-Bowman Funeral Home St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So. 10th St. Joseph

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.