

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8353

State File No.

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give town) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2022 Lulu	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home - 2012 Lulu			

3. NAME OF DECEASED (Type or Print)	a. (First) Glena	b. (Middle) MAY	c. (Last) Metsker	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 24, 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 28	Hours	Min.
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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) Spickard, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Berry Lockhart	13b. MOTHER'S MAIDEN NAME MAGGIE FLEEK	14. NAME OF HUSBAND OR WIFE William Metsker
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jerald Metsker	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)	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 XXX to XXX, 1954, that I last saw the deceased alive on XXX, 1954, and that death occurred at 12:00p m., from the causes and on the date stated above.

23a. SIGNATURE Donald Slater (Degree or title) County Coroner	23b. ADDRESS Trenton, Missouri	23c. DATE SIGNED 2-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 27, 54	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Trenton Missouri
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DATE REC'D BY LOCAL REG. 2-27-54	REGISTRAR'S SIGNATURE Jane Jai	25. FUNERAL DIRECTOR'S SIGNATURE GIPSON FUNERAL HOME	ADDRESS Trenton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300
0. 48
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JUN 1 1958

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 Geo. A. Whitaker

Licensed Embalmer No. 4780

P. O. Address Greentown, 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.