

No. 300
10.48

FILED JUN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17625

State File No.

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4487 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAMBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAMBURG	
c. LENGTH OF STAY (In this place) 30 yrs		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEW HAMBURG		d. STREET ADDRESS (If rural, give location) NEW HAMBURG	

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL	b. (Middle)	c. (Last) GLAUS	4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 26 1875	9. AGE (In years last birthday) 78	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ULRICH GLAUS	13b. MOTHER'S MAIDEN NAME MARGARET EICHORN	14. NAME OF HUSBAND OR WIFE PHILOMENA GLAUS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PHILOMENA GLAUS	ADDRESS NEW HAMBURG, MO.
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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 ± 3 min 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Known cardiac 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 f201	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12.15A.**, from the causes and on the date stated above.

23a. SIGNATURE Julius C. Bechtel (Degree or title) M.D. Health Officer	23b. ADDRESS Benton, Mo.	23c. DATE SIGNED 5-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 28 1954	24c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE CEMETERY	24d. LOCATION (City, town, or county) (State) NEW HAMBURG MO.
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DATE REC'D BY LOCAL REG. June 5-54	REGISTRAR'S SIGNATURE Mrs Addie Harris 39570	25. GENERAL DIRECTOR'S SIGNATURE Paul J. Smith	ADDRESS ORAN, MO.
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(Licensed Embalmer's Signature on Reverse Side)

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

DATE RECEIVED JUN 7 1954
SCOTT CO. HEALTH DEPT.,
CO. FILE No. 654-110

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 Earl Smith.....

Licensed Embalmer No. 3676.....

P. O. Address Oran, 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.