

STANDARD CERTIFICATE OF DEATH 6112

State File No.

FILED FEB 24 1956

BIRTH NO.

REG. DIST. NO. 328

PRIMARY REG. DIST. NO. 3073

Registrar's No. 66

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 town) RURAL - Kelso c. LENGTH OF STAY (in this place) 7 YRS.		c. CITY OR TOWN CHAFFEE d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile NORTH OF CHAFFEE		STREET ADDRESS (If rural, give location) R.F.D. #2	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) (NMN) c. (Last) GLAUS		4. DATE OF DEATH (Month) (Day) (Year) FEB. 14, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNMARRIED	8. DATE OF BIRTH FEB. 15, 1893
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)	11. BIRTHPLACE (City and State or Foreign Country) NEW HAMBURG, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FARMING	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ULRICH GLAUS		13b. MOTHER'S MAIDEN NAME MARGARET EICKHORN	14. NAME OF HUSBAND OR WIFE THERSA GLAUS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GEORGE GLAUS-CHAFFEE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIOVASCULAR RENAL Disease	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 5 YRS?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	
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 2-14, 1956 , to 2-14, 1956 , that I last saw the deceased alive on 1-20, 1956 and that death occurred at 9:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. J. Mosbach, D.O.		23b. ADDRESS Chaffee, Mo.	
23c. DATE SIGNED 2-17-56		24. LOCATION (City, town, or county) (State) NEW HAMBURG, MO -	
24a. BURIAL (Specify) BURIAL		24b. DATE FEB. 17, 1956	
24c. STATE OF INTERMENT MISSOURI		24d. LOCATION (City, town, or county) (State) NEW HAMBURG, MO -	
DATE REC'D BY LOCAL REG. 2-18-56		REGISTRAR'S SIGNATURE Mrs. Paul Bishop	
25. FUNERAL DIRECTOR'S SIGNATURE 445- Bisplinghoff		ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.	

DATE RECEIVED FEB 20 1956
SCOTT CO. HEALTH DEPT.
CO. FILE No. 256-46

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.....
Signature of Student Embalmer

Signed Jack J. Summitt.....
Licensed Embalmer No. 4473
P. O. Address Chaffee, Va

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.