

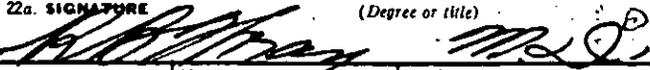
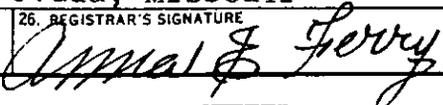
FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12134

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Nevada</b> TOWN		c. CITY OR TOWN <b>Ketterman</b> <b>1060</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>714 N. Cedar</b>		d. STREET ADDRESS (If outside, give location) <b>2 years</b>	
3. NAME OF DECEASED (Type or print) <b>Gladys</b>		4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 6, 1905</b>	
9. AGE (In years last birthday) <b>50</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Clinton, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Orel Spencer</b>		14. MOTHER'S MAIDEN NAME <b>Elsie Dusenbery</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Orel Spencer Walker, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <b>Acute Coronary Infarction - Sudden Death</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Coronary Insufficiency.</b> DUE TO (c) <b>Patient found dead on floor at her home.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Posterior coronary infarction September 7, 1955.</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour... Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>March 1947</b> to <b>March - 1956</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Dec. 31, 1955</b> Death occurred at <b>March 15, 1956</b> <b>1:40 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) 		22b. ADDRESS <b>Moore Bldg., Nevada, Mo.</b>	
22c. DATE SIGNED <b>3-17-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-17-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Newton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>	
24. FUNERAL DIRECTOR <b>Eichinger Funeral Home Nevada, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-24-56</b>	
26. REGISTRAR'S SIGNATURE 			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Percy F. Melster*

Licensed Embalmer No.....

P. O. Address.....  
*Nevas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.