

Health,
Welfare
Public
Service

300
1-56

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. NO SYMPTOMS WILL BE LISTED. ALL DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27601

FILED AUG 16 1956

STATE FILE NUMBER
4315
158

Registration District No. 200 Primary Registration District No. 4315 Registor's No. 158

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Macon		a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata		c. CITY OR TOWN La Plata <i>06/0</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LA PLATA MO		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 10 YRS.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Herbert Middle (none) Last Gluck			Month Aug Day 4 Year 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec 6, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months 7 Days 28 Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Gifford Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lewis Gluck			14. MOTHER'S MAIDEN NAME Anna Wolf		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 472-42-7054		17. INFORMANT Mrs Martha Gluck Address La Plata, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		instaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	10 yrs.
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a. m. Month, Day, Year 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 Jan 1, 1952 to Aug 4, 1956 and last saw her alive on 8/4/56		
Death occurred at 10 P. a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Harold D. [Signature]	22b. ADDRESS La Plata Mo.	22c. DATE SIGNED 8/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 7 1956	23c. NAME OF CEMETERY OR CREMATORY Indian Hill Ceme.	23d. LOCATION (City, town, or county) (State) So. Gifford Missouri
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24. FUNERAL DIRECTOR Penner M. Wilson ADDRESS La Plata Mo	25. DATE RECD. BY LOCAL REG. Aug 4/56	26. REGISTRAR'S SIGNATURE Curt M. Neely
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AUG 21 1958

County ...
Date Filed ... 8/21/58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert M. Wilson*.....

Licensed Embalmer No. 470

P. O. Address La Plata,

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