

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32996

State File No.

BIRTH NO. 21818-56 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>	c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY OR TOWN <u>Brunswick-RFD</u>	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 <u>KIRKSVILLE OSTEOPATHIC HOSP.</u>		f. STREET ADDRESS (If rural, give location) <u>0210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>F.</u> c. (Last) <u>GLADBACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 - 1956</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 5 - 1956</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>16</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville MO</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Alfred Gladbach</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Poshek</u>	14. NAME OF HUSBAND OR WIFE			
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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) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Gladbach Brunswick Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anemia</u> DUE TO (c) <u>acute lymphatic leukemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 hr</u>
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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) (Min.)	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 10-21, 1956 to 10-21, 1956 that I last saw the deceased alive on 10-21, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm J Reed DO</u>	23b. ADDRESS <u>Kirksville MO</u>	23c. DATE SIGNED <u>10-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>Mendon MO</u>
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DATE REC'D BY LOCAL REG. <u>10-23-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. H. Shepard Mendon MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-6

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..... *S. P. Ripard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon*

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.