

n. Health,  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36544

STATE FILE NUMBER  
Registrar's No. 91

Registration District No. 178 Primary Registration District No. 4281

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Canton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Canton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>112 S. Ninth</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>ELEANOR</b> Last <b>GLOESER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>26</b> Year <b>1957</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>May 17, 1873</b>	9. AGE (In years last birthday) <b>84</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone operator</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Canton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Gloeser</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Laubach</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Anna Gloeser, Canton, Missouri</b>			
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>Cerebral Thrombosis</b> DUE TO (b) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>5 yrs</b>	
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. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <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>June 5-1949</b> to <b>Oct 26-1957</b> and last saw her alive on <b>Oct 26-57</b> Death occurred at <b>5:20 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree of title) <b>Haudis Y. [Signature]</b>		22b. ADDRESS <b>Canton Mo</b>		22c. DATE SIGNED <b>Oct 28-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Oct. 29, '57.</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Grove</b>		23d. LOCATION (City, town, or county) (State) <b>Canton, Lewis County, Mo.</b>		
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Canton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-29-'57</b>	26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b> <b>E. L.</b>			

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(Licensed Embalmer's Statement on Reverse Side)

APR 18 1957

DEC 11 1957

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 *Earl H. Busby* .....

Licensed Embalmer No. *2615*

P. O. Address *Centerville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.