

FILED OCT 15 1957

STANDARD CERTIFICATE OF DEATH

38866

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHELBYVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>LEONARD</u> <sup>1050</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANT VIEW REST HOME</u>		Length of stay in 1b <u>21 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>LEONARD MO</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>First</u> <u>GERTRUDE</u> <u>Middle</u> <u>A.</u> <u>Last</u> <u>GLAHN</u>	4. DATE OF DEATH <u>Month</u> <u>OCT</u> <u>Day</u> <u>3</u> <u>Year</u> <u>1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 3, 1897</u> <u>60</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE - INVALID</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>SHELBY COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>CHRISTIAN P GLAHN</u>	14. MOTHER'S MAIDEN NAME <u>MARY W ARNETT</u>
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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. <u>NONE</u>	17. INFORMANT <u>ETHEL JOHNSON EAST ST LOUIS ILL</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DISEASE CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Cardiovascular Renal Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Glomerulo-Nephritis.</u>	<u>4 years</u>
	DUE TO (c) <u>592X</u>	<u>2</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Decubitus ulcers Infected</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 of Part II of item 18.)
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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
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21. I attended the deceased from <u>Aug 31, 53</u> to <u>Sept 6, 1957</u> and last saw her alive on <u>Sept 6, 1957</u> Death occurred at <u>12:05 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Bh. Edrington D.D.</u>	22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>Oct 7, 57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>10-5-57</u>	<u>MORRIS CHAPEL CEMETERY</u>	<u>SHELBY COUNTY MO</u>

24. FUNERAL DIRECTOR <u>Chas V. Sheering</u>	ADDRESS <u>Clarence Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 7-1957</u>	26. REGISTRAR'S SIGNATURE <u>Ade Garrison</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Student .....  
Signature of Student Embalmer

Signed *Charles V. [Signature]* .....

Licensed Embalmer No. *46*

P. O. Address *Carroll*

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.

01-1-1281-7-42