

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009762
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 134

300
-57

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Iron</u>		c. CITY OR TOWN <u>2 Mi South of Belleview</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Franklin Glaskey</u>			4. DATE OF DEATH Month Day Year <u>3 16 58</u>			
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5. SEX <u>M U</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 18, 1876</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Warsaw Poland 4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Frank Glaskey</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Glaskey</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or <u>NO</u>) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Chester Glaskey Belleview Mo</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Decompensated heart failure</u>		<u>3 wks</u>
	DUE TO (c) <u>Hypertension</u>		<u>444X yrs.</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.) <u>2</u>
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20c. TIME OF INJURY Hour Month, Day, Year 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 <u>Bismarck, Missouri</u>	COUNTY	STATE
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21. I attended the deceased from <u>2-16-58</u> to <u>3-16-58</u> and last saw ^{her} him alive on <u>3-16-58</u> Death occurred at <u>9.30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W R. A. Mendigath D. O. 7</u>	22b. ADDRESS <u>Bismarck, Missouri</u>	22c. DATE SIGNED <u>3-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/20/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>METHODIST</u>	23d. LOCATION (City, town, or county) (State) <u>CALEWONIA Mo</u>
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24. FUNERAL DIRECTOR <u>White Funeral Home Ironton Mo</u> <u>Ansel White</u>	25. DATE RECD. BY LOCAL REG. <u>March 24 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

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 *Russell J. White*

Licensed Embalmer No. *3012*

P. O. Address *Armiton, 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.