

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036006
STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 37

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Owensville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in lb lifetime	039 STREET ADDRESS (If outside, give location) Route 2		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Louis John Glaser			4. DATE OF DEATH Month Day Year October 16, 1958		
5. SEX male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1877	9. AGE (In years last birthday) 81	FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Farmer and Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Glaser		13b. MOTHER'S MAIDEN NAME Johanna Jannick		14. NAME OF HUSBAND OR WIFE Rosa Paasch Glaser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-42-8145		17. INFORMANT Address Mrs. Rosa Glaser Owensville, Mo.	
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>Cancer of Stomach</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>Congestive Heart Failure</u>					
DUE TO (c) <u>Chronic Hepatitis</u>					
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"/> 2
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 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 COUNTY STATE	
21. I attended the deceased from <u>Oct 1-1956</u> to <u>10-16-1958</u> and last saw <u>him</u> alive on <u>Oct 11-1958</u> Death occurred at <u>3 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. H. Bradlee R.O. 2</u>			22b. ADDRESS <u>Owensville Mo</u>		22c. DATE SIGNED <u>10-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-18-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns E & R Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bem, Mo.</u>
24. FUNERAL DIRECTOR <u>Michael F. H. W.</u>		ADDRESS <u>Owensville</u>		25. DATE RECD. BY LOCAL REG. <u>October 18, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappay</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Melvin H H Wain*

Licensed Embalmer No. *883*

P. O. Address *OWENSVILLE*

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.