

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018967

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 146

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0047
2	0700
3	
4	1
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7	0
8	2
9	151X
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11	
12	1-0
13	2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 11 Days	c. CITY OR TOWN Rhineland, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rhineland, Mo
3. NAME OF DECEASED (Type or print) First Middle Last Emma Amelia Gleeson			4. DATE OF DEATH Month Day Year 5-23-1963
5. SEX F	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 4-19-1891
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bluffton Mo
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME William Stiers	
13b. MOTHER'S MAIDEN NAME Janie Quick		14. NAME OF HUSBAND OR WIFE William P Gleeson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Paul W Gleeson Rhineland, 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) Leucinoatosis			INTERVAL BETWEEN ONSET AND DEATH 8 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary carcinoma of stomach			6 MO
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year	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
21. I attended the deceased from 8-30-57 to 5-23-63 and last saw her ^{her} alive on 5-23-63 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William H. Golly</i> (Degree or title)		22b. ADDRESS 112 N. Clark Mexico Mo	22c. DATE SIGNED 5/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-25-1963	23c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery	23d. LOCATION (City, town, or county) Rhineland, Mo
24. FUNERAL DIRECTOR D B Baker New Florence, Mo		25. DATE RECD. BY LOCAL REG. May 24-1963	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
William H. Golly M.D.

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 Leon Dale Toedtman

Licensed Embalmer No. 5202

P. O. Address Heinemann

**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.**