

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Otto M. Gladden**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruby Gladden** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **September 30 1899**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **2** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Turley Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joseph Gladden**  
13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fannie Kelso**  
15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby Gladden**  
(b) Address **Plato, Missouri**

17. (a) **Burial** (b) Date thereof **12-24-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Houston, Missouri**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **DEC 26 1946** (b) **H. Medeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Texas**  
(c) City or town **Plato**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **20**  
year **1946** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **December 11th**, 19**46**, to **Dec. 20**, 19**46**  
that I last saw him alive on **Dec. 20**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death, **Interaction of Myocardium (coronary occlusion)**

Duration **14 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **Raymond William** (M. D. or other) \_\_\_\_\_  
Address **114 N. Taylor, St. Louis** Date signed **Dec 23, 1946**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Ernest W. Spillar*.....  
Licensed Embalmer No..... *14080*.....  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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