

FILED APR 11 1949

STANDARD CERTIFICATE OF DEATH

State File No.

11258

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>4519</u>		Registrar's No. _____													
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>															
b. CITY (If outside corporate limits, write RURAL and give township) <u>cabool</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u> <u>107</u>															
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>00</u>															
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Otto</u>			b. (Middle) <u>Erwin</u>			c. (Last) <u>Gladden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25 1949</u>							
5. SEX <u>M. D.</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 11, 1878</u>			9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days						
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 <u>Texas Co., Mo</u>				11. BIRTHPLACE (State or foreign country) <u>Texas Co., Mo</u>				12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <u>Joseph Gladden</u>				13b. MOTHER'S MAIDEN NAME <u>MARY Stricklin</u>				14. NAME OF HUSBAND OR WIFE <u>IDA Elmore Gladden</u>											
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'S SIGNATURE OR NAME <u>Ms. Virgil Rust</u>				ADDRESS <u>Cabool Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH							
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute edema of lungs</u>								<u>6 hrs</u>							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (b) <u>Aortic, Myocarditis</u>				<u>10 yr</u>			
				DUE TO (c)															
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>12'</u>															
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>12'</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)													
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK				21f. HOW DID INJURY OCCUR?													
22. I hereby certify that I attended the deceased from <u>Mar 5, 1949</u> , to <u>Mar 5, 1949</u> , that I last saw the deceased alive on <u>Mar 5, 1949</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <u>H. L. Maxile D.O.</u>				23b. ADDRESS <u>Cabool Mo</u>				23c. DATE SIGNED <u>3-25-49</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Success</u>				24d. LOCATION (City, town, or county) (State) <u>Texas Mo.</u>											
DATE REC'D BY LOCAL REG. <u>3-27-49</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>				32.5 <u>32.5</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>				ADDRESS <u>Cabool Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ED

District Health Officer No. 5,

District File Number 449242

Date Filed 4-4-49

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 _____
Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 225-2

P. O. Address Capeol Sm

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