

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marcus 23081
State File No. _____
Registrar's No. 686

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp. V

d. STREET ADDRESS (If rural, give location) 1650 E. Mill 60

3. NAME OF DECEASED (Type or Print)
a. (First) Jess b. (Middle) - - - c. (Last) Gladstone

4. DATE OF DEATH (Month) (Day) (Year) August 1, 1949

5. SEX Male Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Sept. 19 1899 9. AGE (In years last birthday) 49 IF UNDER 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) Janitor 10b. KIND OF BUSINESS OR INDUSTRY Janitor

11. BIRTHPLACE (State or foreign country) Near, Ozark, Missouri / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Millard Gladstone 13b. MOTHER'S MAIDEN NAME Lucile (Unknown) 14. NAME OF HUSBAND OR WIFE X

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Gourekian Springfield, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous meningitis
INTERVAL BETWEEN ONSET AND DEATH 1
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 23, 1949, to Aug 1, 1949, that I last saw the deceased alive on Aug. 1, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Marcus M.D. 23b. ADDRESS 623 Woodrup Bldg. 23c. DATE SIGNED 8/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/3/49 24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 24d. LOCATION (City, town, or county) (State) Near Springfield, Mo.

DATE REC'D BY LOCAL RES. 8-3-49 REGISTRAR'S SIGNATURE W.E. Standley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

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

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.

Signed _____

Walter E. Hamilton

Signed _____

Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.