

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4465

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann Mo. R 2 Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann Mo. Rural -- Boeuf</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. Hermann,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morty</u> b. (Middle) _____ c. (Last) <u>Gleeson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 25, 1861</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 18 HRS. Hours <u>0</u> Min. _____	11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling Ill. /</u>
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 _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Micheal Gleeson</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Gleeson</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 ADDRESS <u>Mae Perkins Hermann, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>  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. <u>Chronic interstitial nephritis</u>  493X 5 yrs!	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan. 20, 1950</u> to <u>Feb. 1, 1950</u> , that I last saw the deceased alive on <u>Feb. 1, 1950</u> , and that death occurred at <u>1:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Hermann Mo.</u>	23c. DATE SIGNED <u>2/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. George Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>
DATE RECD. BY LOCAL REG. <u>2/3/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Hermann Mo.</u>

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

District File Number  
District Health Officer No. 9  
RECEIVED  
MAR 3 1950

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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.