

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

742
0

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth <u>1129</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Smith Township <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Saint Francis Hospital		d. STREET ADDRESS (If rural, give location) Allendale, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) M. c. (Last) Gloekler			4. DATE OF DEATH (Month) (Day) (Year) 12 6 1950
5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <u>2</u>	8. DATE OF BIRTH 10 - 26 - 1866
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY for self	11. BIRTHPLACE (State or foreign country) Bates County, Missouri <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Thomas Gloekler	
13b. MOTHER'S MAIDEN NAME Mary Ann Davis		14. NAME OF HUSBAND OR WIFE Lavina Jane Gloekler	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Tom Gloekler		ADDRESS Springfield, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Simplex Arterio Sclerosis a Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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) (Min.)		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>11-26</u> , 19 <u>50</u> , to <u>Dec 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>50</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. S. Jackson M.D.		23b. ADDRESS Waukegan, Mo.	
23c. DATE SIGNED 1-3-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial <u>(1)</u>		24b. DATE 12 9 1950	
24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		24d. LOCATION (City, town, or county) (State) Allendale, Mo.	
DATE REC'D BY LOCAL REG. 1-3-51		REGISTRAR'S SIGNATURE Bela Halter <u>1229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dwyer		ADDRESS Grant City, Mo.	

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.

Student
Student Embalmer

Signed _____

Arch C. Dwyler

Licensed Embalmer No. _____

3752

P. O. Address _____

Grant city, 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.