

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **249**
Registrar's No. **69**

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph, Mo.		c. CITY OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (in this place) 3 wks.		d. STREET ADDRESS (If rural, give location) 313 So. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ryan Hotel, 313 So. 6		e. STREET ADDRESS 313 So. 6	
3. NAME OF DECEASED (Type or Print) William		4. DATE OF DEATH (Month) (Day) (Year) Jan., 17-52	
a. (First)		b. (Middle)	
c. (Last) Gloshen			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 18, 1881
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Paper Hanger	11. BIRTHPLACE (State or foreign country) Mercer County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Thomas J. Gloshen		13b. MOTHER'S MAIDEN NAME Rockanna Overton	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-14-7466	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Gloshen		ADDRESS St. Joseph	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day.	
ANTECEDENT CAUSES General Arteriosclerosis		3 yrs (est)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Man died suddenly while alone in his room, without a history of recent illness or disability			
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? 4201			
22. I hereby certify that I viewed the deceased on 1/17, 1952 , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:01 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE H. F. Mundy, M.D. (Coroner)		23b. ADDRESS St. Joseph Mo	
(Degree or title)		23c. DATE SIGNED 1/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19/52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan. 19, 1952		REGISTRAR'S SIGNATURE Carl C. Casst	
REGISTRAR'S SIGNATURE 446		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry	
ADDRESS _____		ADDRESS St. Joseph	

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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 Victor Barry

Licensed Embalmer No. 4-212

P. O. Address St Joseph 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.