

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2033

State File No. ....

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 4322 Registrar's No. 6

1650  
1

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

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gladys</b> b. (Middle) <b>G.</b> c. (Last) <b>Lieuallen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2-1952</b>		
---	--	--	--	--	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 26-1870</b>		9. AGE (In years last birthday) <b>81</b>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 24 HRS. Hours		if UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Mercer Co. Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>W.M. Girdner</b>			13b. MOTHER'S MAIDEN NAME <b>Florence Calvin</b>			14. NAME OF HUSBAND OR WIFE <b>James Lieuallen</b>		
---	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.A. Lieuallen Princeton, Mo.</b>			
--	--	-------------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>						<b>10 years</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 <b>331X</b>				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 Dec, 1946, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 10:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Martin Pankert MD</b>		(Degree or title)		23b. ADDRESS <b>Princeton, Mo</b>		23c. DATE SIGNED <b>2/4/52</b>	
--	--	-------------------	--	--------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-4-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo.</b>	
--	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>2-6-52</b>		REGISTRAR'S SIGNATURE <b>Hall</b>		393 <b>Martin</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Martin Funeral Home Princeton, Mo.</b>	
---	--	--------------------------------------	--	----------------------	--	---	--

AUG 18 1953

JUN 19 1952

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Ivan Martin*.....

Signed.....  
Student Embalmer

Licensed Embalmer No 3760.....

P. O. Address Quincy, 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.