

No. 300
10 FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4616**

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>132 days</u>		d. STREET ADDRESS (If rural, give location) <u>2435 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>H.</u> c. (Last) <u>Glaubitz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 12 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 1 YEAR Hours <u>0</u>	IF UNDER 1 YEAR Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Webster Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Bruno Glaubitz</u>		13b. MOTHER'S MAIDEN NAME <u>Ricky Wresh</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie D. Glaubitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records Springfield, Missouri</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-abdominal carcinomatosis, primary</u> <u>in stomach</u>		
	ANTECEDENT CAUSES <u>in stomach</u> Morbidity 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 <u>151X</u>		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 October 3, 1951, to February 12, 1952, that I last saw the deceased February 12, 1952, and that death occurred at 1:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Gilbertson</u> W. F. GILBERTSON M.D. 6 Manager		23b. ADDRESS <u>VA Hospital</u> <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>2/12/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rogersville, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2-16-52</u>		REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Farrell</u>		ADDRESS <u>Rogersville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

6 1987

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.....
Student Embalmer

Signed H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Farmland, 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.