

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5134

292

State File No. ....

S. No. 300  
v. 10-48

0110  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cook's Rd., Rm 35 Littler Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1422 Dewey Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MISS</u> b. (Middle) <u>EMMA</u> c. (Last) <u>(none)</u> <u>GLEICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 8th-1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never-married</u>		8. DATE OF BIRTH <u>Sept. 26th-1866</u>		9. AGE (In years last birthday) <u>86 yrs</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>never employed</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Gleich</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Broad</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. Oscar Dobler,</u>		ADDRESS <u>St. Joseph, 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>Artero Sclerosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>4500</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years.</u>	
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. 12<sup>th</sup></u> , 1953, to <u>Jan. 8<sup>th</sup></u> , 1953, that I last saw the deceased alive on <u>Jan. 7<sup>th</sup></u> , 1953, and that death occurred at <u>1:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Swartz M.D.</u> (Degree or title)				23b. ADDRESS <u>Wathena Kansas</u>		23c. DATE SIGNED <u>1-9-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>		24b. DATE <u>January 9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG <u>Jan 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Michael Fleeman</u>		ADDRESS <u>Funeral Home, Inc., St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Raymond W. Morehead

Licensed Embalmer No. 4413

P. O. Address: Josephus

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.