

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8832

State File No.

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 313

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) 2006 N. 22nd St. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Homer	b. (Middle) E.	c. (Last) Glasco	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 18, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. engineer	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and State or Foreign Country) Albany, Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Glasco	13b. MOTHER'S MAIDEN NAME Ann Nicholson	14. NAME OF HUSBAND OR WIFE Gertrude
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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. 707-05-8326	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Glasco, 2006 N. 22nd, St. Joseph	ADDRESS St. Joseph
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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		INTERVAL BETWEEN ONSET AND DEATH 3 day not one
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) (Ruptured) abdominal aorta arteriosclerosis 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 3-6-53	19b. MAJOR FINDINGS OF OPERATION Ruptured abdominal Aneurysm	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 4	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 451X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 2:45a	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 4, 1953, to March 7, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 2:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Colles Roundy M.D.	23b. ADDRESS Thorpark Rd	23c. DATE SIGNED March 7, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/10/1953	24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	24d. LOCATION (City, town, or county) (State) Albany, Missouri
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DATE REC'D BY LOCAL REG. March 12, 1953	REGISTRAR'S SIGNATURE J. P. Balmat <i>Deputy Registrar</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home	ADDRESS St. Joseph, Mo.
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(Advanced Embalmer's Statement on Reverse Side)

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

APR 7 1953

MAR 17 1953

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 W. F. Edmiston

Licensed Embalmer No. 4791

P. O. Address 319 So. 10th St. Memphis, Tenn.

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.