

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9132**

10210
1

MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5245** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Keytesville Rural		c. LENGTH OF STAY (In this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Keytesville (Rural)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS 0210		
3. NAME OF DECEASED (Type or Print) Bertha		a. (First) Sophia	b. (Middle) Gladbach	c. (Last)	
4. DATE OF DEATH 3-9-1953		5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-2-1874
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) Highland, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Henry Nagel	13b. MOTHER'S MAIDEN NAME Mary Widmer	14. NAME OF HUSBAND OR WIFE Widow
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. None		17. INFORMANT'S SIGNATURE OR NAME Gilbert Gladbach	
ADDRESS Keytesville MO					
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) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis				?	
DUE TO (c) Generalized arteriosclerosis				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION 332X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		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) m.		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 Nov. 8, 1948 , to March 9, 1953 , that I last saw the deceased alive on Feb 23, 1953 , and that death occurred at 8:20 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. L. Harms			23b. ADDRESS Salisbury, Missouri		23c. DATE SIGNED 3-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-11-53	24c. NAME OF CEMETERY OR CREMATORY St. Raphael		24d. LOCATION (City, town, or county) (State) Indian Grove, Missouri
DATE REC'D BY LOCAL REG. 3/17/53		REGISTRAR'S SIGNATURE D. W. Stout		25. FUNERAL DIRECTOR'S SIGNATURE L. W. Weese	
ADDRESS MO					

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

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.....

L. M. Meesil

Licensed Embalmer No. *873*

P. O. Address *Brunswick, Md.*

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.