

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10674**

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY OR TOWN California, Mo Walker		c. CITY OR TOWN California, Mo Walker	
c. LENGTH OF STAY (in this place) 5 Yrs		d. STREET ADDRESS (If rural, give location) 1045 Taylor St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1045 Taylor St.			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Josephine c. (Last) Glenin			4. DATE OF DEATH (Month) (Day) (Year) Mar 22 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6 1890		9. AGE (In years last birthday) Months Days 62 9 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Alonzo Beatty		13b. MOTHER'S MAIDEN NAME Cathrine Yeast		14. NAME OF HUSBAND OR WIFE Deceased		
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 Ethel Shaste California Mo		
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) Carcinoma of breast, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis to lungs and chest wall. Both breast removed in 1951 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x		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) California Moniteau Missouri	
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 **10-6-49**, 19**49**, to **3-22**, 19**53**, that I last saw the deceased alive on **3-22**, 19**53**, and that death occurred at **5:15P** m., from the causes and on the date stated above.

23a. SIGNATURE R.S. Gulke M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 3-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/25/53		24c. NAME OF CEMETERY OR CREMATORY Rhorbach Cem.	
24d. LOCATION (City, town, or county) (State) Rural California, Mo		25. FUNERAL DIRECTOR'S SIGNATURE H.L. Popyoff R. Tear			
DATE REC'D BY LOCAL REG. 3/25/53		REGISTRAR'S SIGNATURE H.L. Popyoff		ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

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

7200

MAR 1 1956

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 Earl Bombin

Licensed Embalmer No. 2126

P. O. Address California

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.