

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18506**

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP	
c. LENGTH OF STAY (in this place) LIFETIME		d. STREET ADDRESS (If rural, give location) ARNOLD Mo 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME ARNOLD Mo			

3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER P. b. (Middle) G. c. (Last) GANGLOFF			4. DATE OF DEATH (Month) (Day) (Year) MAY 24 1953			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 25 1906	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC.		10b. KIND OF BUSINESS OR INDUSTRY AUTO REPAIR		11. BIRTHPLACE (State or foreign country) ARNOLD Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH GANGLOFF		13b. MOTHER'S MAIDEN NAME ROSE DONACK		14. NAME OF HUSBAND OR WIFE ANNA MEESE GANGLOFF	
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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 NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNA GANGLOFF ARNOLD Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Kudg Pancreas)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 157X		

19. DATE OF OPERATION April 1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma Kudg Pancreas Generalized	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Imperial, Jefferson Mo
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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?
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22. I hereby certify that I attended the deceased from **May 1953** to **May 24 1953**, and that death occurred at **11:00 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth Jissa	23b. ADDRESS Imperial Mo	23c. DATE SIGNED 5/25/53
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 27 53	24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION	24d. LOCATION (City, town, or county) (State) ARNOLD Mo
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DATE REC'D BY LOCAL REG. May-30-53	REGISTRAR'S SIGNATURE Ruth Jissa 438-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 3 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

Arthur W. Huligton

Licensed Embalmer No. 3872

P. O. Address

Imperial 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.