

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22424

State File No. ....

FILED JUL 6 - 1953

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 Dal Whi Mo</u>		e. STREET ADDRESS (If rural, give location) <u>408 Dal Whi Mo</u>	
3. NAME OF DECEASED (Type or Print) <u>GLADYS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 24 - 1883</u>	
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u> Hours <u>1</u> Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
12. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14a. FATHER'S NAME <u>Patrick O'Connell</u>		14b. MOTHER'S MAIDEN NAME <u>Anne Pilkington</u>	
14c. NAME OF HUSBAND OR WIFE <u>Charles H. Weaver</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>Miss Marguerite O'Connell</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease.</u> DUE TO (c) <u>Chronic Progressive Arthritis. Over 3 years.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes.</u>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. DATE OF OPERATION <u>None.</u>		22b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	
23a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None.</u>	
23c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>4201</u>		24. HOW DID INJURY OCCUR? <u>None.</u>	
25. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
27. I hereby certify that I attended the deceased from <u>over 3 yrs 19</u> to <u>June 28th, 1953</u> , that I last saw the deceased alive on <u>June 28th, 1953</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.			
28a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		28b. ADDRESS <u>Sedalia, Missouri.</u>	
28c. DATE SIGNED <u>6-30-53.</u>		29. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
29a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		29b. DATE <u>7-1-53</u>	
29c. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		30. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	
31. DATE REC'D BY LOCAL REG. <u>7-1-53</u>		32. REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>	
33. ADDRESS <u>251-0</u>		34. (Licensed Embalmer's Statement on Reverse Side)	

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2153

P. O. Address Salsala

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**