

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4207**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Cape Girardeau,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN New Hamburg, Missouri	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Gregory Joseph	b. (Middle) Glastetter	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1897	9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Sawmill Opr.	10b. KIND OF BUSINESS OR INDUSTRY Farming & Lumber	11. BIRTHPLACE (City and State or Foreign Country) New Hamburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Martin Glastetter	13b. MOTHER'S MAIDEN NAME Gherst	14. NAME OF HUSBAND OR WIFE Katherine
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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) Yes WWI	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Glastetter	ADDRESS New Hamburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis & Pneumonia		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thoraco-abdominal Saw mill accident Lae. Chest - Diaphragm - Lung Stomach - Duodenum, Right Colon, + 4 loops Small Gut DUE TO (c)		5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E9128 46

19a. DATE OF OPERATION 2-11-54	19b. MAJOR FINDINGS OF OPERATION As above	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Saw mill	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Hamburg - Scott Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 11 54 4^{PM}	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell into belt leading to Saw.
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22. I hereby certify that I attended the deceased from **2-11, 1954**, to **2-16, 1954**, that I last saw the deceased alive on **2-16, 1954**, and that death occurred at **5:01** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Hall M.D.	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 2-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Laurence	24d. LOCATION (City, town, or county) (State) New Hamburg, Missouri
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DATE REC'D BY LOCAL REG. 2-20-54	REGISTRAR'S SIGNATURE C. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE Philip J. Cassady	ADDRESS Cape Girardeau, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1/2-B

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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Cape Girardeau, 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.