No. 300
10-48

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40161

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1377

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2115 South 10th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2115 South 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): LEROY
c. (Last): GLISE

4. DATE OF DEATH (Month) (Day) (Year): December 25-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 13th 1899
9. AGE (In years last birthday): 55 Yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press-Foreman, Nelson Printing Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Glise
13b. MOTHER'S MAIDEN NAME: Ella Cochran
14. NAME OF HUSBAND OR WIFE: Lucyle E. Glise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 491-10-0270
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucyle E. Glise — ADDRESS: 2115 So 10th City

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Carcinoma with Cerebral Metastasis.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): X
DUE TO (c): X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None.

INTERVAL BETWEEN ONSET AND DEATH: Unable to state.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 163X
20. AUTOPSY? YES [ ] NO [X]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1954, *to* Dec. 24, 1954; *that I last saw the deceased alive on* Dec. 24, 1954, *and that death occurred at* 2:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Conrad M.D.
23b. ADDRESS: 404 Tootle Bldg., St. Joseph, Mo.
23c. DATE SIGNED: Jan. 3, 1955.

24a. BURIAL, CREMATION, REMOVAL (Specify): (Burial)
24b. DATE: Dec. 27-1954
24c. NAME OF CEMETERY OR CREMATORY: Mount Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Jan 6, 1955
REGISTRAR'S SIGNATURE: Nathan M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Flaman Inc. — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond W. Moore

Licensed Embalmer No. 44

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.