

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17638**  
Registrar's No. **115**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City Mo</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>			

3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Christian</u> c. (Last) <u>Gliser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>5-31-1881</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Callaway County Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>John Gliser</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Painter</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Gliser "Decd"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Barker</u> ADDRESS <u>Montgomery City Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>			
		DUE TO (c) <u>4221</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Congestion</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		
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 1, 1955, to 6-26, 1955, that I last saw the deceased alive on 6-26, 1955, and that death occurred at 6-26-55, from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Kelley</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>6/27/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 27-55</u>		REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Russ</u> ADDRESS <u>MONTGOMERY CITY MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

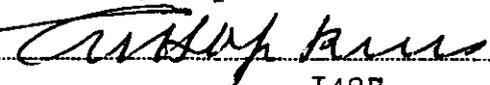
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~xxxx~~ on the 26<sup>th</sup> day of June 1955

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

C. W. Hopkins

Signed: 

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.