

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34190**

BIRTH NO. _____ REG. DIST. NO. **250** PRIMARY REG. DIST. NO. **5849** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Conception, Mo.		c. CITY OR TOWN Conception, Mo.	
c. LENGTH OF STAY (in this place) 42 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conception Abbey			
e. STREET ADDRESS (If rural, give location) rural Jefferson townsh			

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Joseph	b. (Middle) Glaus	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 18 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Custodian	11. BIRTHPLACE (City and State or Foreign Country) St. Gallen Switzerland	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME Joseph Alois	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE MULLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 489-76-760	17. INFORMANT'S SIGNATURE OR NAME Abbey Roads	ADDRESS Conception, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		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) Generalized arteriosclerosis		
	DUE TO (c) 4200		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **Oct 22, 1955**, to **Oct 22, 1955**, that I last saw the deceased alive on **Oct 22, 1955**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. E. Sunshine M.D.	23b. ADDRESS Maryville, Mo.	23c. DATE SIGNED Oct 24 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/25/55	24c. NAME OF CEMETERY OR CREMATORY St. Columba	24d. LOCATION (City, town, or county) (State) Conception, Mo.
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DATE REC'D BY LOCAL REG. Oct 24-55	REGISTRAR'S SIGNATURE Mrs. E. L. Brenshaw	370	25. FUNERAL DIRECTOR'S SIGNATURE Lator & Pfeiffer	ADDRESS SS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

LAUG 14 1956

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.....
L. J. Phillips

Licensed Embalmer No. 189

P. O. Address *Stou...*

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.