

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31419

FILED OCT 2 1956

State File No. ....

BIRTH NO. .... REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer - Rural</u>		c. LENGTH OF STAY (in this place) <u>22-yrs</u>		c. CITY OR TOWN <u>Mercer-Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION *****		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
STREET ADDRESS *****		0650			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Chloe</u> c. (Last) <u>Gloshen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 26 - 56</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-10-1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer-County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward B. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Zone Scott</u>	
14. NAME OF HUSBAND OR WIFE <u>Elmer Gloshen</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Gloshen-Mercer 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage 4 hrs</u> DUE TO (c) <u>Hypertension &amp; Arteriosclerosis yrs</u> 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"/>	
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 <u>Jan</u> , 19 <u>50</u> , to <u>Sept 26</u> , 19 <u>56</u> , that I last saw the deceased alive <u>Sept 26</u> , 19 <u>56</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Geo. J. Dawson</u>		(Degree or title) <u>Doc</u>		23b. ADDRESS <u>Mercer, Mo. Sept 29 56</u>	
23c. DATE SIGNED <u>Sept 29 56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bavanna-Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bavanna-Missouri</u>		DATE REC'D BY LOCAL REG. <u>9-28-56</u>	
REGISTRAR'S SIGNATURE <u>Loel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin</u>		ADDRESS <u>Martin Funeral Home-Princeton-Mo</u>	

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

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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 *James L. Greer*

Licensed Embalmer No. *396*

P. O. Address *Linnville*

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.