

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27113
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall, Mo.</u>				Inside Limits Yes ☐ No ☐		c. CITY OR TOWN <u>Wakenda</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>				Length of stay in 1b <u>3 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>No Street Number</u>	
3. NAME OF DECEASED (Type or print) First <u>Gladys</u> Middle <u>Elsie</u> Last <u>Aulgur</u>				4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>Feb. 22-1906</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></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 country) <u>Red Cliff, Colorado</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Luthor Arnold</u>				14. MOTHER'S MAIDEN NAME <u>Olive May Pope</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>500-20-1345</u>		17. INFORMANT <u>Melvin E. Aulgur-Wakenda, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331x</u>							
INTERVAL BETWEEN ONSET AND DEATH <u></u>							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Marshall Mo.</u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Jan 1957</u> to <u>July 25 57</u> and last saw her <u>alive</u> on <u>7-25-57</u> Death occurred at <u>8:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James A. Reel</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Marshall Mo.</u>		22c. DATE SIGNED <u>7-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/27/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset M. Garden</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>	
24. FUNERAL DIRECTOR'S ADDRESS <u>Carl A. Reel</u>				25. DATE RECD. BY LOCAL REG. <u>7-26-57</u>		26. REGISTRAR'S SIGNATURE <u>J. Leake Surrency</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 19 1937

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 *J. Leslie Sumner*

Licensed Embalmer No. 323

P. O. Address *Wash*

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