

Health,
Public
Service

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30894

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1060

300

-57

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | d. STREET ADDRESS (If outside, give location) 233 W. Indiana Ave. | |
| 3. NAME OF DECEASED (Type or print) First FRANKIE Middle GLOSHEN Last GLOSHEN | | 4. DATE OF DEATH Month Oct. Day 1, Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 11, 1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Wayne County, Iowa |
| 13a. FATHER'S NAME C. A. Elson | | 13b. MOTHER'S MAIDEN NAME Esther Adams | 14. NAME OF HUSBAND OR WIFE Fred J. Gloschen |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Fred J. Gloschen Address 233 W. Indiana Ave. City |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis | | | 4 years |
| DUE TO (c) Senility | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from April 15, 57 to Oct. 1, 57 and last saw ^{her} alive on Sept. 30, 57 Death occurred at 4:00 AM. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. J. Thompson Jr. M.D. (Degree or title) | | 22b. ADDRESS 902 Edmond St. Joseph, Mo. | 22c. DATE SIGNED 10-1-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 3, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
| 24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Missouri | | 25. DATE RECD. BY LOCAL REG. Oct. 3, 1957 | 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 15 1957

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 *Paul F. Clark*

Licensed Embalmer No. 5024 P. O. Address 120 Illinois

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.