

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36662
STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 210 Primary Registration District No. 1322 Registrar's No. 63

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, give TOWNSHIP only) OR <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell-Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>I300-E. Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Carl</u> First <u>Evan</u> Middle <u>Gladfelder</u> Last			4. DATE OF DEATH <u>10-23-57</u> Month <u>10</u> Day <u>23</u> Year <u>57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</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>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Co-op</u>	11. BIRTHPLACE (City and state or country) <u>Appanose -Co.--Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Charles Thomas Gladfelder</u>			14. MOTHER'S MAIDEN NAME <u>Louise Hobart</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World war I</u>		16. SOCIAL SECURITY NO. <u>191-32-1061</u>	17. INFORMANT <u>Mrs. Carl Gladfelder-Princeton--Mo.</u> Address		
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>Internal injuries from multiple fractures of ribs on posterior of right chest.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>shock</u> DUE TO (c) <u>traumatic pneumonia (Hypostatic)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
20a. ACCIDENT <input checked="" 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.) <u>about a five foot fall from a truck while</u>			
20c. TIME OF INJURY Hour <u>10</u> Month <u>10</u> Day <u>14</u> Year <u>57</u> a. m. <u></u> p. m. <u></u>		<u>unloading coal which fell on him.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>office building</u>	20f. CITY, TOWN, OR LOCATION <u>Princeton</u>	COUNTY <u>Mercer</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>10-14-57</u> to <u>10-23-57</u> and last saw <u>her</u> alive on <u>10-23-57</u> Death occurred at <u>12:55 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Byron A. Axtell D.O.</u> (Degree or title)			22b. ADDRESS <u>Princeton, Missouri</u>		22c. DATE SIGNED <u>10/24/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer-county---Mo.</u>	
24. FUNERAL DIRECTOR <u>Martin Funeral Home--Princeton-Mo.</u> <u>FE Axtell</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-24-57</u>	26. REGISTERAR'S SIGNATURE <u>Boel Messer</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

MAR 24 1958

DEC 8 1957

STATEMENT BY LICENSED EMBALMER

of ribs on posterior of right chest.

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.

X working under my personal supervision..

about a five foot fall from a truck while

Student..... Signed by

Signature of Student Embalmer

Lynnan E. Agbell

Licensed Embalmer No. 502

P. O. Address

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

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.