

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015343
State File No.

FILED MAY 13 1958

BIRTH NO. _____		REG. DIST. NO. <u>294</u>	PRIMARY REG. DIST. NO. <u>3056</u>	Registrar's No. <u>111</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u> <u>0218</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>201 East 4th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Emil</u>		c. (Last) <u>Glassen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 1, 1886</u>		9. AGE (In years last birthday) <u>72</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Julius Glassen</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Wilhelmein</u>
14. NAME OF HUSBAND OR WIFE <u>Rose Gooch Glassen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-34-3135</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Crawford, Salisbury, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>no</u>		19. ADDRESS <u>Salisbury, Mo.</u>
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of the Liver</u>		DUE TO (c) <u>Carcinomatous</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility</u>		20. AUTOPSY? <u>2</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION <u>April 29, 1958</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of the Liver - metastatic lesions throughout abdomen</u>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph Mo</u>		22. I hereby certify that I attended the deceased from <u>April 12, 1958</u> , to <u>April 29, 1958</u> , that I last saw the deceased alive on <u>April 29, 1958</u> , and that death occurred at <u>10⁰⁰ Am.</u> , from the causes and on the date stated above.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23a. SIGNATURE (Degree or title) <u>Sam D. Gumb</u>
21f. HOW DID INJURY OCCUR? <u>none</u>		23b. ADDRESS <u>Salisbury, Missouri</u>		23c. DATE SIGNED <u>5-9-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/1/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas W Wilhelmein</u>		ADDRESS <u>Salisbury Mo</u>
DATE REC'D BY LOCAL REG. <u>5/1/58</u>		REGISTRAR'S SIGNATURE <u>Leah Blower</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas W Wilhelmein</u>

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

2690

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
Student Embalmer

Signed

Chas B Winhelmeys

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Mo*

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 this body is not embalmed, fact should be so stated above.