

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028449
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 449

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Vanduser Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS (If outside, give location) None	
Length of stay in lb 4 weeks		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Christian Glueck			4. DATE OF DEATH Sept 1 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 18 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Kelso Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian Glueck		13b. MOTHER'S MAIDEN NAME D.K.	14. NAME OF HUSBAND OR WIFE Mary Glueck (Dead)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs Burette Zimmerman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Congestive Heart failure (a Sudden death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2. Chronic regurgitation DUE TO (c) 3. Arteriosclerosis (C.V. Failure)			INTERVAL BETWEEN ONSET AND DEATH 4341
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 31st, 1958 Sept. 1, 1958 and last saw him ^{xxx} alive on August 31, 1958 Death occurred at 7:30 - 9/1/58 Am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Cleeland M. Estes M.D.		22b. ADDRESS Cape Gir. Mo. 714 Broadway	22c. DATE SIGNED 9-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 3 1958	23c. NAME OF CEMETERY OR CREMATORY Lorimier	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. Sept. 5, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1958

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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 *Walter A. Schneider*

Licensed Embalmer No. *4994*
P. O. Address *Cape Girardeau*

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.