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FILED VS AUG 25 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-029812
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mercer — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Own Home — Length of stay in Ib: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Mercer
c. CITY OR TOWN: Mercer — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 65 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Edward Middle: Last: Gloshen

4. DATE OF DEATH: Month Aug. Day 3 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 23, 1869
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker - Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (City and state or country): Mercer County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ludrich Gloshen
13b. MOTHER'S MAIDEN NAME: Mary Jane Jones
14. NAME OF HUSBAND OR WIFE: Sussie Gloshen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Susie Gloshen Address: Mercer Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Failure	hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	2 hours
DUE TO (c)	Arteriosclerosis	yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 18, 1955, to Aug. 3, 1959 and last saw her/him alive on Aug. 3, 1959
Death occurred at 5:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo F Hanson MD (Degree or title)
22b. ADDRESS: Mercer, Missouri
22c. DATE SIGNED: 8/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Early Cemetery
23d. LOCATION (City, town, or county) (State): Mercer County, Mo.

24. FUNERAL DIRECTOR: Ames Greenlee ADDRESS: Lineville, Iowa.
25. DATE RECD. BY LOCAL REG.: 8-14-59
26. REGISTRAR'S SIGNATURE: Hazel Moss

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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, ~~under~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Amos L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Zanesville Ohio

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.