

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010512

FILED VS MAR 30 1960

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5943 Registrar's No. 7

ENDED

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROARK TWP.</u>		Length of stay in 1b <u>68yrs</u>	c. CITY OR TOWN <u>ROARK TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9mi. S. of HERMANN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9mi. S. of HERMANN</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CAROLINE</u> Middle <u>GLATZ</u> Last <u>GLATZ</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>19</u> Year <u>1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/31/1874</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEHOLD</u>	11. BIRTHPLACE (City and state or country) <u>HERMANN MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>AUG. SCHEIDEGGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ERNY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN GLATZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>WALTER GLATZ, HERMANN MO</u>		

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 <u>10 days</u>
IMMEDIATE CAUSE (a) <u>Pneumonia, atypical</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Artery Disease</u>	
	DUE TO (c) <u>Senility</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Disease in 1955</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	---	--

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 Month, Day, Year 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 1955 to 1960 and last saw her alive on 3-18-60
Death occurred at Home 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In degree or title) <u>Charles J. Skunk</u>	22b. ADDRESS <u>Reed</u>	22c. DATE SIGNED <u>3-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/21/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>
24. FUNERAL DIRECTOR ADDRESS <u>HUGO H. BLONUM HERMANN MO</u>		23d. LOCATION (City, town, or county) (State) <u>R7A HERMANN MO</u>
25. DATE RECD. BY LOCAL REG. <u>3-21-60</u>		26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Robert W. Blumer*

Licensed Embalmer No. 5056

P. O. Address *Hermon*

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.