MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009561

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 54

FILED MAR 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1007
2 1007a
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SIKESTON — Length of stay in Hospital: 20 min
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MISSOURI DELTA COMM. HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: SIKESTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 415 Smith Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ERMA Middle: LOIS Last: GLAUS

4. DATE OF DEATH: Month: February Day: 15 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/27/1915
9. AGE (last birthday): 47
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Edwardsville Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louie Klingle
13b. MOTHER'S MAIDEN NAME: Mary Etta Stean
14. NAME OF HUSBAND OR WIFE: Raymond George Glaus

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.:
17. INFORMANT: Raymond Glaus, Address: Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gun shot wound in right side of head — INTERVAL BETWEEN ONSET AND DEATH: 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Self inflicted,
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ ?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found sitting on kitchen table, gun found on floor
20c. TIME OF INJURY: Hour 5:40 a.m. p.m. Month, Day, Year: 2/15/62
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.): At home
20f. CITY, TOWN, OR LOCATION: Sikeston COUNTY: Scott STATE: Mo.

21. I attended the deceased from First call after death to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde Poe (Degree or title): Coroner
22b. ADDRESS: Sikeston, Mo.
22c. DATE SIGNED: 2/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/17/1962
23c. NAME OF CEMETERY OR CREMATORY: Guardian Angel - Cem.
23d. LOCATION (City, town, or county) (State): Oran, Scott, Mo.

24. FUNERAL DIRECTOR: Nunnelee Funeral Chapel, ADDRESS: Sikeston
25. DATE RECD. BY LOCAL REG.: Feb 27 1962
26. REGISTRAR'S SIGNATURE: Jeanetta Waldman

(Licensed Embalmer's Statement on Reverse Side)

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 John T. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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