

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014782

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 85

FILED APR 23 1962

VS 300
Rev. 4/59

10365
21090
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9527.1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 1 day	c. CITY OR TOWN Rural-Charrette Twsp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 mi. W. of Marthasville
3. NAME OF DECEASED (Type or print) First Albert Middle J. Last Glosemeyer		4. DATE OF DEATH Month April Day 12 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/24/1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain Farm	9. AGE (last birthday) 59
11a. FATHER'S NAME Frederick Glosemeyer		11b. MOTHER'S MAIDEN NAME Catherine Struckhoff	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. 	
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2. advanced Chronic pulmonary Emphysema		14. NAME OF HUSBAND OR WIFE None	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 week	
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. <input type="checkbox"/> Yes <input 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 8 Month, Day, Year	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 May 1956 to April 12 1962 and last saw him alive on Apr 12 - 1962 Death occurred at St Francis Hospital TP on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W B Shueider M.D.	
22b. ADDRESS Marthasville Mo		22c. DATE SIGNED 4-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/16/ 1962	23c. NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery	23d. LOCATION (City, town, or county) (State) Warren County, Missouri
24. FUNERAL DIRECTOR ADDRESS D. F. Lichtenberg, Marthasville, Mo.		25. DATE RECD. BY LOCAL REG. 4/14/62	26. REGISTRAR'S SIGNATURE Leah C. Schmidtman

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 Robert F. Zuber

Licensed Embalmer No. 4218

P. O. Address Marthasville, 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.