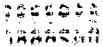
EALTH -- STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER _Primary Registration District No. _. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE, OF DEATH Hénry a. STATMISSOURI b. COUNTY Henry a. COUNTY admission) VS 300 AMENDED Rev. 4/59 c. CITY OR TOWN b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits 2 days Windsor -тойы Windsor Yes D. No 🗆 c. FULL NAME OF (If NOT in hospital, give location) 042 Inside Limits d. STREET (If cutside, give location) Reside on Farm ADDRESS 710 S. Windsor Windsor Hospital Yes 🔀 No 🗀 Yes ∏ No.2K1 Middle 3. NAME OF DECEASED 4, DATE Day (Type or print) Irl Gladfelter DEATH July 14, 1964 Charles AGE (last birthday) | IF UNDER 1 YEAR 7. Married 🔀 IF UNDER 24 HR 6. COLOR OR RACE 5. SEX Never Married [Hours Widowed [7] Divorced [White Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY RuraT Mail Carrier Benton County, Mo. 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Etta O. Gladfelter A. David Gladfelter Elizabeth Arminta Ellis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes, give war or dates of service) Mrs. Etta Gladfelter Windsor, Mo. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY: DOCUMENT RECORD IMMEDIATE CAUSE (a) 16 11 EAD Conditions, if any, which gave rise to S THS above cause (a), stating the underlying cause last. Š PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH but deceased there a pregnancy in last 90 days. **AMENDMENTS** □ Unknown 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY SUICIDE PERFORMED? YES | NO Houl Month, Day, Year 20c, TIME OF RIBBON INJURY p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK ☐ NOT WHILE AT WORK ☐ *FYPEWRITER* READ 21. 1 attended the deceased from Death occurred SHOULD ö Ξ 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, 23b. DATE or county) CREMATION, AFFIDA ģ REMOVAL (Specify) Windsor, Laurel Oak Cemetery Burial 盏 24. FUNERAL DIRECTOR Clifford Gouge, Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
vorking under my personal supervision.	Signed Clifford Louge
Signature of Student Embalmer .	Licensed Embalmer No. 50/H P. O. Address Windson, Ma

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.