

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0026697

STATE FILE NUMBER

Registration District No. 64/37 Primary Registration District No. 4218 Registrar's No. 190

FILED 20 64

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) -TOWN Windsor | | Length of stay in 1b 2 days | | c. CITY OR TOWN Windsor | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 710 S. Windsor | |
| 3. NAME OF DECEASED (Type or print) Charles Irl Gladfelter | | 4. DATE OF DEATH July 14, 1964 | | 5. SEX Male | |
| 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12/29/1883 | |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier | |
| 11. BIRTHPLACE (City and state or country) Benton County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME A. David Gladfelter | | 13b. MOTHER'S MAIDEN NAME Elizabeth Arminta Ellis | | 14. NAME OF HUSBAND OR WIFE Etta O. Gladfelter | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 489-40-5415 | | 17. INFORMANT Mrs. Etta Gladfelter Windsor, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse DUE TO (b) Total Heart Failure DUE TO (c) Arteriosclerosis Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus | | INTERVAL BETWEEN ONSET AND DEATH 2 days 5 days 1 year | | | |
| 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 a.m. p.m. 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 June 18, 1964 and last saw him alive on July 13, 1964 Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE William J. Smith M.D. | | 22b. ADDRESS Windsor, Mo. | | 22c. DATE SIGNED 7/14/64 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 15, '64 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery Windsor, Mo. | |
| 23d. LOCATION (City, town, or county) (State) | | 24. FUNERAL DIRECTOR Clifford Gouge, Windsor, Mo. | | 25. DATE RECD. BY LOCAL REG. 7-15-1964 | |
| 26. REGISTRAR'S SIGNATURE Mildred Bigum | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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SEP 3 1964
JUL 21 1964

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.