

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10674**

FILED APR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker</b>		c. LENGTH OF STAY (in this place) <b>5 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 1045 Taylor St.</b>		d. STREET ADDRESS (If rural, give location) <b>1045 Taylor St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Josophine</b> c. (Last) <b>Glenin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 22 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6 1890</b>
9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>16</b> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alonzo Beatty</b>		13b. MOTHER'S MAIDEN NAME <b>Cathrine Yeast</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Sharts California Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast, bilateral</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with metastasis to lungs and chest wall. Both</b> DUE TO (c) <b>breast removed 1951</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>California Moniteau Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10-6-49</b> , 19 <b>49</b> , to <b>3-22</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-22</b> , 19 <b>53</b> , and that death occurred at <b>5:15P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>R.S. Gulke M.D.</b> (Degree or title)		23b. ADDRESS <b>California, Mo</b>	
23c. DATE SIGNED <b>3-24-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/25/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rhorbach Cemt.</b>	
24d. LOCATION (City, town, or county) (State) <b>Rural, California, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.L. Popyoff</b>	
DATE REC'D BY LOCAL REG. <b>3/25/53</b>		ADDRESS <b>California</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

770

MAR 1 1957

**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 .....  
Student Embalmer

Signed Earl Bombin

Licensed Embalmer No. 2126

P. O. Address California

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