

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PARENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH Green
County Jefferson
Township _____ or Village _____ or City Springfield (NO. 819 Lexington St.; _____ Ward)
FULL NAME Stanley J. Clouser

Registration District No. 318 File No. 35866
Primary Registration District No. 2001 Registered No. 622
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| SEX <u>M</u> | COLOR OR RACE <u>W</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word) |
| DATE OF BIRTH <u>Oct 1, 1912</u> (Month) (Day) (Year) | | |
| AGE _____ yrs. <u>2</u> mos. _____ ds. | | If LESS than 1 day, _____ hrs. or _____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u> | | |
| PARENTS | NAME OF FATHER <u>W. A. Clouser</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u> | |
| | MAIDEN NAME OF MOTHER <u>Lucy Smith</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u> | |

2. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Birth, 1912, to Nov 22, 1912, that I last saw him live on Nov 21, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
180
158
Marasmus
(Duration) _____ yrs. _____ mos. 30 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. L. Phipkin M. D.
Nov 23, 1912 (Address) Gas Cherry St.

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Clouser
(ADDRESS) Springfield Mo
Filed Nov 23, 1912 Wilbur Smith REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Rosewood Cem. DATE OF BURIAL Nov 23, 1912
UNDERTAKER W. J. Johnson ADDRESS 205 N. Walnut.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITTEN MAINLY, WITH UNFADING INK, IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
 CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH
 County Greene
 Township _____
 or
 Village _____
 or
 City Springfield (NO. _____ St.; _____ Ward)

Registration District No. 318 File No. _____
 Primary Registration District No. 2001 Registered No. 6221

FULL NAME Stautm L. Clouser

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| SEX <u>m</u> | COLOR OR RACE <u>w</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S</u> |
| DATE OF BIRTH <u>Oct 1</u> , 19 <u>12</u> (Month) (Day) (Year) | | |
| AGE <u>2</u> yrs. <u>2</u> mos. <u>ds.</u> | | If LESS than 1 day, <u> </u> hrs. or <u> </u> min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Ms.</u> | | |
| PARENTS | NAME OF FATHER <u>H. A. Clouser</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ms</u> | |
| | MAIDEN NAME OF MOTHER <u>Lily Smith</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ms</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 1, 1912, to Nov 22, 1912, that I last saw him alive on Nov 21, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Marasmus
Chronic Dysentery

(Duration) yrs. mos. 30 ds.

Contributory (SECONDARY)
 (Duration) yrs. mos. ds.

(Signed) H. L. Pipkin M. D.
16, 1913 (Address) 205 Cherry St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?
 Former or usual residence _____

| | |
|--|--|
| PLACE OF BURIAL OR REMOVAL <u>Hazelwood Can</u> | DATE OF BURIAL <u>Nov 23</u> , 19 <u>12</u> |
| UNDERTAKER <u>H. C. Lohmeyer</u> | ADDRESS <u>205 N. Walnut</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. A. Clouser
 (ADDRESS) Springfield Ms
 Filed Jan 6, 1913 Walter Smith
 REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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