No. 300
10.48

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7063

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 33

49
1
2

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 677 South English

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Clouse

4. DATE OF DEATH (Month) (Day) (Year): January 29/49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3/26/1920
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Registured Nurse
11. BIRTHPLACE (State or foreign country): Marshall, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry F. Clouse
13b. MOTHER'S MAIDEN NAME: Susie McBride
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Eddie Clouse-Marshall, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Interstitial adrenal Hemorrhage
DUE TO (c) Post partum uterus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
522X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Don't Know
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Don't Know
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marshall Saline Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Don't Know m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Don't Know

22. *I hereby certify that I attended the deceased from* Investigated Inquest 1-31-49 *that I last saw the deceased alive on* ✓, 19___, *and that death occurred at* 12 51 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless Coroner Saline Co.
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 1-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/49
24c. NAME OF CEMETERY OR CREMATORY: Sunset M. Garden
24d. LOCATION (City, town, or county) (State): Marshall Mo.

DATE REC'D BY LOCAL REG.: Feb 1-1949
REGISTRAR'S SIGNATURE: Sidney T. Gray 985
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Surrey Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 2-28-49

APR 2 1949

MAR 3 1949

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.

Signed _____
Student Embalmer

Signed J. Leslie Dossey

Licensed Embalmer No. 3235

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.