

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7439

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 320		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) Wathena		14		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) J				
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Frost c. (Last) Clobridge			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1949					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 1 HR. Days 27	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R. R. Clerk		10b. KIND OF BUSINESS OR INDUSTRY U. P. Railroad		11. BIRTHPLACE (State or foreign country) Lyons Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Carlos Clobridge			13b. MOTHER'S MAIDEN NAME Elizabeth Allen		14. NAME OF HUSBAND OR WIFE Lydia Clobridge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cleophas Miedinger, Wathena Kan. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Operation - Chole cystectomy DUE TO (c) Cholecystitis & Cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pre operative post peritoneal hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 days 4 " ? 25 8 5 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cholecystitis - cholelithiasis + post peritoneal hemorrhage					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)				
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 3-19-1, 1949, to 3-17-1, 1949, that I last saw the deceased alive on 3-17-1, 1949, and that death occurred at 6 01 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul Jorgensen, M.D.U			23b. ADDRESS 420 7th St. Joseph Mo			23c. DATE SIGNED 3-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/18/49		24c. NAME OF CEMETERY OR CREMATORY Belmont Cem.		24d. LOCATION (City, town, or county) (State) Wathena, Kansas		
DATE REC'D BY LOCAL REG. Mar. 22, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Jorgensen, 120 S. Illinois Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

MAR 5 1951

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 _____

B. J. Chaney

Student Embalmer No. 294

working under my personal supervision.

Signed *B. J. Chaney*
Student Embalmer

Signed *Eme. A. Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.