

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8041
Registrar's No. 238-C

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>947 W. Chestnut</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janell</u> b. (Middle) <u>Hildred</u> c. (Last) <u>Lorane Claussen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 18 1933</u>
9. AGE (In years last birthday) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Rogersville, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Claussen</u>		13b. MOTHER'S MAIDEN NAME <u>Niviae Clark</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vera Davis Springfield, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>2</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy - Congenital - Idiopathic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Extensive accidental 2° & 3° burns at home on 7-6-49. Healing nicely & plans were being made to have skin grafting done soon.</u>			
DUE TO (c)			
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 <u>64 Pib</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT ✓ (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshfield Mo. ✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-6-49 6:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lighting kitchen stove.</u>	
22. I hereby certify that I attended the deceased from <u>2-6-49</u> , 19 <u>49</u> , to <u>3-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred A. Stahl, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>3-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/14/49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>	

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

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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 Walter E Hamilton

Signed _____
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.