

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1950

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>		<u>none</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>EDGAR</u>	c. (Last) <u>CLAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3 3 50</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/10/81</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail carrier - retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. GOVT.</u>	11. BIRTHPLACE (State or foreign country) <u>Barnard, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Butler Clawson</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Jane Bear</u>	14. NAME OF HUSBAND OR WIFE <u>Belle Green Clawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Belle Clawson, Barnard, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		<u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>unknown</u>		<u>6 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Some Coronary Arteriosclerosis</u>		<u>334X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barnard Mo Nodaway</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>
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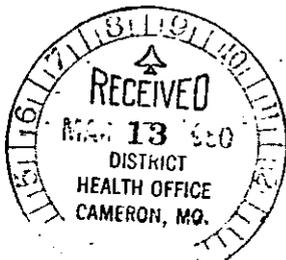
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to March 3, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:15A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Rosendale, Mo.</u>	23c. DATE SIGNED <u>3/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar-7-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ehs. Crenshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 \_\_\_\_\_

*Robert L. Sauter*

Licensed Embalmer No. \_\_\_\_\_

*4782*

P. O. Address \_\_\_\_\_

*Maryvale, 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.