

No. 300
10-48

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12773

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give town) West Plains		c. CITY (If outside corporate limits, write RURAL and give township) Willow Springs,	
c. LENGTH OF STAY (In this place) 7 mos		d. STREET ADDRESS (If rural, give location) 506 Grace Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUISE	b. (Middle) LYON	c. (Last) CLOUGH	4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 12, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arlington, Iowa /	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Clough	13b. MOTHER'S MAIDEN NAME Susan Weeks	14. NAME OF HUSBAND OR WIFE Geo. L. Clough
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. O'Neill, 59 Shore View Rd., Manhasset, N. Y.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronicho-Pneumonia		DUE TO (b) None		9 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Extreme weakness & complications due to her age.				491 X

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from 3/25/, 1950, to 4/1/50, 19 , that I last saw the deceased alive on 4/1/50, 19 , and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Thornburgh (Degree or title) M.D.	23b. ADDRESS West Plains, Missouri	23c. DATE SIGNED 4/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Apr. 4, 1950	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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DATE REC'D BY LOCAL REG. 4-10-50	REGISTRAR'S SIGNATURE Beatrice Cook 379	FUNERAL DIRECTOR'S SIGNATURE Mrs. Hal Thornburgh	ADDRESS West Plains, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1951

RECEIVED 4-17-50

District Health Officer No. 5,

District File Number 4-50242

Date Filed 4-20-50

APR 21 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Seldon F. Duncan

Licensed Embalmer No. 4465

P. O. Address Waverly, 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.