

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12889**

FILED APR 21 1950

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1515**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 14 YEARS		d. STREET ADDRESS (If rural, give location) 412 WEST-63RD STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) DAVID c. (Last) CLAUSSEN			4. DATE OF DEATH (Month) (Day) (Year) MAR. 31-1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC-3-1889		9. AGE (In years last birthday) 62 YEARS		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) LINN GROVE IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIELD SUPERVISOR		10b. KIND OF BUSINESS OR INDUSTRY STERN BROS. & CO.			

13a. FATHER'S NAME DAVID CLAUSSEN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. RUTH L. CLAUSSEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-07-2129		17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH L. CLAUSSEN ADDRESS 412 W. 63RD ST. KANSAS CITY, MO.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sec. lateral pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Yolemia - Hydro nephrosis & Sycelonephrosis - hypertrophic			
		DUE TO (c) Acute - Hadden's syndrome			
		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			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) (Min.)		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 **3/9/1949**, to **3/21/1950**, that I last saw the deceased alive on **3/20/1950** and that death occurred at **6:06 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edson C. Carrier M.D. (Degree or title)		23b. ADDRESS 242 Plaza Med. Bldg.		23c. DATE SIGNED 3/2/50	
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE APR-1-1950		24c. NAME OF CEMETERY OR CREMATORY -	
24d. LOCATION (City, town, or County) (State) LAURENS, IOWA					

DATE REC'D BY LOCAL REG. 4-1-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE A.W. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address. *R. C. 4 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.