

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13753

BIRTH NO. <u>124 9008-50</u> REG. DIST. NO. <u>206</u> PRIMARY REG. DIST. NO. <u>307A</u> Registrar No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> c. LENGTH OF STAY (in this place) <u>1 mo. 23 da.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> <u>16 21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Victory St.</u>		d. STREET ADDRESS (If rural, give location) <u>Victory St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>Darrell</u> c. (Last) <u>Clouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Feb. 17, 1950</u>
9. AGE (in years last birthday) <u>1</u> <u>23</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Madison Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Everett Clouse</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Cowley</u>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <u>Everett Clouse - Fredericktown, Mo</u>		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) <u>Lobar pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 17, 1950</u> , to <u>April 10, 1950</u> , that I last saw the deceased alive on <u>Feb 23, 1950</u> , and that death occurred at <u>6:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Kenneth P. Wheeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Fredericktown, Mo</u>	23c. DATE SIGNED <u>4-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-11-1950</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u> 187	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u> ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0621

RECEIVED

APR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-580

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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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.