

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15822

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5072 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Newport Twp.</u>		c. LENGTH OF STAY (In this place) <u>18 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Newport Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4 Lamar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Clawson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1950</u>
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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>Jan. 25, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>70</u>	IF UNDER 24 HRS. Days <u>70</u>	Hours <u>70</u>	Min. <u>70</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert M. Clawson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Clawson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Clawson, Rt. 4, Lamar, Mo.</u>	ADDRESS <u>Mo. 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u> sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>Rudolf Kuepp M.D.</u>	23b. ADDRESS <u>Garden City, Mo</u>	23c. DATE SIGNED <u>5/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/15/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 13 1950</u>	REGISTRAR'S SIGNATURE <u>Marie Korantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Child</u>	ADDRESS <u>Lamar Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 15 1950

District Health Office No. 6,

District File Number 550-577

Date Filed 5-20-50

MAY 22 1950

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 Clarence W. Chiles

Signed.....
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lanar Meo

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.