FILED FEB 17 1953

V.S. No. 300
Rev. 10.48

0620 1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6811

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5746 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLDWATER Limits
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COLDWATER, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLDWATER 0620 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle): —
c. (Last): CLAUSER

4. DATE OF DEATH (Month) (Day) (Year): FEB. 4, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 17, 1872
9. AGE (In years last birthday): 80
If under 1 year: Months —, Days —
If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Woodviver, Ohio 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN CLAUSER
13b. MOTHER'S MAIDEN NAME: BARBARA MATHIAS
14. NAME OF HUSBAND OR WIFE: CARRIE CLAUSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: RALPH CLAUSER, COLDWATER, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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. 4211

19a. DATE OF OPERATION: ~
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb 2, 1953, *and that death occurred at* 1a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. Myers M.D.
23b. ADDRESS: Coldwater, Mo.
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-5-53
24c. NAME OF CEMETERY OR CREMATORY: LITTLE VINE CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON Co. MISSOURI

DATE REC'D BY LOCAL REG.: 2-12-1953
REGISTRAR'S SIGNATURE: Florence Dicks 187-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sam Dwyer Jr. Fredericktown, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAD. SUP. ... DEPT.
FREDERICKTOWN, MO.
RECEIVED
FEB 16 1953
FILE No. 253-11

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.