FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16926

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 58

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Rural Union
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 085

3. NAME OF DECEASED (Type or Print)
a. (First): Clemens
b. (Middle): W.
c. (Last): Juergens

4. DATE OF DEATH (Month) (Day) (Year): 5 16 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/1/1893
9. AGE (In years last birthday): 61 — If under 1 year: Months 4, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign Painter Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Sign painting
11. BIRTHPLACE (City and State or Foreign Country): Maries County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Henry Juergens
13b. MOTHER'S MAIDEN NAME: Charlotte Hale
14. NAME OF HUSBAND OR WIFE: Mabel Juergens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Werld War I
16. SOCIAL SECURITY NO.: 498-18-5882
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Mabel Juergens, Dixon, Missouri

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): Metastasis of Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): " of gastro-enterostomy — 2 years
DUE TO (c): malignancy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: war record 153 X

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* 1952, 19__, *to* May 14, 19 54, *that I last saw the deceased alive on* May 14, 19 54, *and that death occurred at* 6:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Milligan — (Degree or title): D.O.
23b. ADDRESS: Dixon, Missouri
23c. DATE SIGNED: 18 May '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/19/1954
24c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
24d. LOCATION (City, town, or county) (State): Dixon, Missouri

DATE REC'D BY LOCAL REG.: 5-18-1954
REGISTRAR'S SIGNATURE: Eula Mae Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-18-54
Washington County Health Officer
File Number
Date Filed 5-22-54

MAY 27

MAY 26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurice E. Schierhau

Licensed Embalmer No 450

P. O. Address Dixon, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.