

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17742

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6265 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Rural South Grant</u> c. LENGTH OF STAY (in this place) <u>17 years</u>		c. CITY OR TOWN <u>Rural South Grant</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles South-East of Northview Mo.</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Clouse</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>19</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 11 1870</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Clouse</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kin Cannon</u>	
14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Clouse</u> ADDRESS <u>Marshfield Mo.</u>			
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>Arteriosclerosis, Generalized,</u> (b) <u>17 years</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.	
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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Oct. 4, 1937</u> , to <u>May 19, 1954</u> , that I last saw the deceased alive on <u>May 2, 1954</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C.R. Macdonnell, M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshfield, Mo.</u>	
23c. DATE SIGNED <u>5-20-54</u>			
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/25/54</u>		REGISTRAR'S SIGNATURE <u>J. Franer</u> 3420	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Santo</u>		ADDRESS <u>Marshfield Mo.</u>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer D. Williams*.....

Licensed Embalmer No. *4657*

P. O. Address *McPherson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.