

STANDARD CERTIFICATE OF DEATH

State File No. 10826

FILED APR 4 1955

BIRTH NO. REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY (If outside corporate limits, write RURAL and give township) Fordland
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN Fordland
d. Is Residence within limits of a city or incorporated town? Yes [] No [X]
F. STREET ADDRESS (If rural, give location) 1120

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) C.
c. (Last) Clouse
4. DATE OF DEATH (Month) (Day) (Year) 3-22-55

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2-25-1879
9. AGE (In years last birthday) 76
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 Farm
11. BIRTHPLACE (City and State or Foreign Country) Webster County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wash Clouse
13b. MOTHER'S MAIDEN NAME Mary Kincannon
14. NAME OF HUSBAND OR WIFE Ida Clouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Clouse Fordland Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cerebro-vascular accident
INTERVAL BETWEEN ONSET AND DEATH minutes
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) Hypertensive cardio-vascular heart disease 15 yrs.
DUE TO (c) Generalized arteriosclerosis 20 yrs.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post myocardial infarction 9 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION compensated congestive failure
19c. AUTOPSY? YES [] NO [X]

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)
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 Aug. 13, 1953, to 3-22-55, that I last saw the deceased alive on 10-13-54, and that death occurred at 9:15A.M., from the causes and on the date stated above.

23a. SIGNATURE T.M. Macdonnell, M.D.
23b. ADDRESS Marshfield, Missouri
23c. DATE SIGNED 3-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-24-55
24c. NAME OF CEMETERY OR CREMATORY Fordland Cemetery
24d. LOCATION (City, town, or county) (State) Fordland, Missouri

DATE REC'D BY LOCAL REG. 3-27-55
REGISTRAR'S SIGNATURE Opal M. Good
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield

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

1120

MAY 1 1957

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 Alex Harvey
Licensed Embalmer No. 3311

P. O. Address Springfield,

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.