

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29678

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4032							
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Caldwell					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (in this place) 2 WKS.		c. CITY OR TOWN Hamilton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran				e. STREET ADDRESS (If rural, give location) 013 <sup>6</sup> 1									
3. NAME OF DECEASED (Type or Print)		a. (First) Egbert		b. (Middle) Lloyd		c. (Last) Clarkson		4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 28, 1883		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Prop				10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Nathanial Clarkson				13b. MOTHER'S MAIDEN NAME Frances Dodge				14. NAME OF HUSBAND OR WIFE Rosa					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Harry Clarkson				ADDRESS Bogard, Arz.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>								20			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>surgical trauma per</u>											
		DUE TO (c) <u>adenocarcinoma of the recto sigmoid</u>								154X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION Sept 13 55		19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of the recto-sigmoid								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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 9-1-1955 to 9-14-1955, that I last saw the deceased alive on 9-14-1955, and that death occurred at 6:30 P.M., from the causes and on the date, stated above.													
23a. SIGNATURE (Degree or title) Frederick H. Hartwig, M.D.						23b. ADDRESS 701 G-63, Cassville, Mo			23c. DATE SIGNED 9-15-55				
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 9-15-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Hamilton, Missouri							
DATE REC'D BY LOCAL REG. 9-16-55		REGISTRAR'S SIGNATURE Neva Marshall				25. FUNERAL DIRECTOR'S SIGNATURE BRAM Mortuary, Hamilton, Mo.							

(Licensed Embalmer's Statement on Reverse Side) By SIMMONS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frederick H. Hartwig

1928 8/15/1

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..... *John R. Tidman*  
Licensed Embalmer No... 45...  
P. O. Address *Kansas City*

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.