40.300
50.48

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32801

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 939

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2243 N. Franklin Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): LEE
c. (Last): CLOUSE

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 29 Jan. 1884
9. AGE (In years last birthday): 71 — 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): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Diners
11. BIRTHPLACE (City and State or Foreign Country): Chairton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Dan B. Clouse
13b. MOTHER'S MAIDEN NAME: Mary L. Williams
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-36-9552
17. INFORMANT'S SIGNATURE OR NAME: John W. Clouse — **ADDRESS**: Weiser, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) with generalized metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 175X

19a. DATE OF OPERATION: 8/26/55
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma R. Ovary c̄ generalized metastases
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* 7-6-55, 19___, *to* 10-27, 1955, *that I last saw the deceased alive on* 10-26-55, 19___, *and that death occurred at* 8:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A D Vaile (Degree or title) MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 10/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 Oct. 1955
24c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Missouri.

DATE REC'D BY LOCAL REG.: 10-31-55
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Fred C. Phelps — **ADDRESS**: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.