No. 300
10-48

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12851

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5186 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sullivan
c. LENGTH OF STAY (in this place) 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600 Lakeview ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN Sullivan
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 600 Lakeview ave

0340

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) G c. (Last) Klauser
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 13 1874
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and State or Foreign Country) Elmont Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sebastian Schatz
13b. MOTHER'S MAIDEN NAME Mary Henimann
14. NAME OF HUSBAND OR WIFE John Klauser
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. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Klauser Sullivan Mo.

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) Carcinoma of
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head of Pancreas
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 4 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 157X
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 7/3, 1950, to 4/20, 1956, that I last saw the deceased alive on 4/20, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John J. Delaware (Degree or title) 23b. ADDRESS Sullivan, Mo
23c. DATE SIGNED 4/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Apr. 23 1956
24c. NAME OF CEMETERY OR CREMATORY St, Anthony
24d. LOCATION (City, town, or county) (State) Sullivan Mo.

DATE REC'D BY LOCAL REG. April 23-56
REGISTRAR'S SIGNATURE Thomas G. Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE Thos. P. Shoffer ADDRESS Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1960

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.....

Licensed Embalmer No. 269

P. O. Address Sullivan

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.