

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039511

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1171

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>SPRINGFIELD</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>MARSHFIELD</u> <sup>1120</sup>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>650 S. NETTEATON</u>  |  | Length of stay in lb<br><u>2 MO</u>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>CALVIN ANDREW CLOUSE</u>   |  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>DEC 5 1958</u>   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>APR 2 1898</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><u>80</u>  |
| 11. BIRTHPLACE (City and state or country)<br><u>MISSOURI</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>ADAM CLOUSE</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>NANCY LANE</u>  |   |
| 14. NAME OF HUSBAND OR WIFE   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                      |   |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><u>JOHN CLOUSE</u> Address <u>SPRINGFIELD MO</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis - Cerebral</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Prostatic Hypertrophy</u>   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                           |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |   |   |
| 20e. CITY, TOWN, OR LOCATION<br>COUNTY STATE  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |   |
| 21. I attended the deceased from <u>2-24-1953</u> to <u>Dec. 5<sup>th</sup> 1958</u> and last saw her alive on <u>Dec. 5 1958</u><br>Death occurred at <u>1220 A</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>J. P. Monahan M.D.</u>   |  | 22b. ADDRESS<br><u>Springfield, Mo</u>  |   |
| 22c. DATE SIGNED<br><u>12/8/58</u>  |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   | 23b. DATE<br><u>12-5-1958</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MARSHFIELD</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>MARSHFIELD MO</u>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>BARBER-EDWARDS MARSHFIELD</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>12-9-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *George Stapp* .....

Licensed Embalmer No. *3161*.....

P. O. Address *Mt. Laurel*.....

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.