Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044785
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY: Lincolin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Troy — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lincolin Co. Memorial Hosp — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN: Josephville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Wentzville RR 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Helena — Middle: Johanna — Last: Clausner

4. DATE OF DEATH: Month: Dec. — Day: 19 — Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 1, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months: 4 — Days: 19 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (City and state or country): Flint Hill

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Antone J Orf

13b. MOTHER'S MAIDEN NAME: Johanna Struckhoff

14. NAME OF HUSBAND OR WIFE: August Clausner

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: Clarence Clausner — Address: Wentzville, Mo RR

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ASPHYXIA	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ASPIRATION OF VOMITUS	2 Mins
DUE TO (c)	BOWEL OBSTRUCTION (SUPERIOR MESENTERIC ARTERY THROMBOSIS)	4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Arteriosclerotic Cardiovascular disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12-16-58, to 12-19-58 and last saw her alive on 12-19-58
Death occurred at ____ m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph E. Blackwell (Degree or title): D.O.

22b. ADDRESS: Troy, Missouri

22c. DATE SIGNED: 12-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-22-58

23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Cemetery

23d. LOCATION (City, town, or county) (State): Josephville Mo.

24. FUNERAL DIRECTOR: T. J. Pitman — ADDRESS: Wentzville Mo

25. DATE RECD. BY LOCAL REG.: 12-22-1958

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.