

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL CENTER FOR HEALTH STATISTICS
 NATIONAL BUREAU OF VITAL STATISTICS
 NATIONAL CENTER FOR HUMAN GENEALOGY

FILED VS JUL 7 1960

60-022275
 STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5094 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY BATES-				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockville		Length of stay in 1b 1 yr		c. CITY OR TOWN Rockville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRED - ARON - CLAUSON				4. DATE OF DEATH Month Day Year 6 - 2 - 1960			
5. SEX M	6. COLOR OR RACE w	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-8-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 10 Days 24 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Gro. Store		11. BIRTHPLACE (City and state or country) Lawrenceburg, Mo	12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME G. H. Clauson			13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE Maggie Clauson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Clara Ketchum, Bridge City, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) congestive heart failure DUE TO (c) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 110
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 5-2-60 to 6-2-60 and last saw him alive on 5-20-60 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm. C. Sunderwirth, D.O.				22b. ADDRESS El Dorado Springs, Mo		22c. DATE SIGNED 7-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-5-60	23c. NAME OF CEMETERY OR CREMATORY Oma, Cem		23d. LOCATION (City, town, or county) (State) 6 - S. E. Jones Spr. Mo			
24. FUNERAL DIRECTOR Joe P. Long, Jones Spr. Mo			25. DATE RECD. BY LOCAL REG. June 21-60		26. REGISTRAR'S SIGNATURE Randall K. ...		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. P. Long*

Licensed Embalmer No. 3714

P. O. Address *Julius St.*

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.