

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016185
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6173 Registrar's No. 41

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Beaman Sup</u>		Length of stay in lb <u>28 yrs</u>	c. CITY OR TOWN <u>Sullivan</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Beaman Sup.</u>
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>BEWE</u> Last <u>CLAWSON</u>			4. DATE OF DEATH Month <u>5</u> Day <u>1</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-30-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leim Co mo</u>	9. AGE (last birthday) <u>51</u>
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clayd Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Banning</u>	14. NAME OF HUSBAND OR WIFE <u>Ellis Clawson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT Address <u>Ellis Clawson Humphrey mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Second Cerebral Hemorrhage</u>			<u>15 days ago</u>
DUE TO (c) <u>Subarachnoid Hemorrhage</u>			<u>21 days ago</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			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
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 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>July 1950</u> to <u>May 1961</u> and last saw her/him alive on <u>April 27-1961</u> Death occurred at <u>7:30a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A.W. Etel M.D.</u> (Degree or title)		22b. ADDRESS <u>Salt Mine</u>	22c. DATE SIGNED <u>5/1/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-3-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Humphrey Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Humphrey Mo</u>
24. FUNERAL DIRECTOR <u>Raymond Eugene Rome</u> ADDRESS <u>Salt mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-2-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>

MAY 22 1964

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 PA Payne Jr

Licensed Embalmer No. 3400

P. O. Address Balt.

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.

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