

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028803

STATE FILE NUMBER

AMENDED

Registration District No. 101

Primary Registration District No. 5404

Registrar's No. 39

FILED SEP 5 1961

1. PLACE OF DEATH

a. COUNTY

Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mt. Zion

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Douglas

c. CITY
OR
TOWN Mansfield

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Route

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Rev. F.

A.

Clouse

4. DATE
OF
DEATH

Month

Day

Year

August

27, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-8-98

9. AGE (last birthday)

63

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

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

Minister

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Marshfield, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

G. W. Clouse

13b. MOTHER'S MAIDEN NAME

Tilda Stone

14. NAME OF HUSBAND OR WIFE

Ada Clouse

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.

496 42 5836

17. INFORMANT

Address

Ada Clouse, Route, 1, Ava, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary arteries

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

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.☐ Yes ☐ No ☐ Unknown19. 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.)

20c. TIME OF
INJURYHour
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 19 53 to 19-61 and last saw him alive on 8-27-61
Death occurred at 10: P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. E. Harlan D.O.

22b. ADDRESS

Ava Mo

22c. DATE SIGNED

8-28-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-30, 61

23c. NAME OF CEMETERY OR CREMATORY

Mansfield

23d. LOCATION (City, town, or county)

Mansfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 31-61

26. REGISTRAR'S SIGNATURE

Vestal Buchanan

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1961

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

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Avon Mo*

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.