

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027962

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 10

FILED JUL 23 1962

VS 300
Rev. 4/59

DATE AMENDED

6730
20730

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97954

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1290-8

134-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GRANBY TWP</u>		Length of stay in lb <u>years</u>	c. CITY OR TOWN <u>Granby TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt #2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Henry Roscoe Clouse</u> First Middle Last			4. DATE OF DEATH <u>July 15, 1962</u> Month Day Year
5. SEX <u>Male</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>6-9-1909</u>
9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Carpenter</u>	11. BIRTHPLACE (City and state or country) <u>Marshall, Ill.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Abraham Clouse</u>	
13b. MOTHER'S MAIDEN NAME <u>Gertie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Clouse</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>[REDACTED]</u>	17. INFORMANT <u>Mrs. Goldie Clouse Granby, Missouri</u> Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PRESUMED TO BE NATURAL CAUSES</u> <u>Having eaten breakfast the deceased was resting in bed when he died.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>None</u> <u>Coroner notified; no investigation</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Family states: Deceased was examined one time for back ail-</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.) <u>ment at St. John's hospital, Joplin, Mo., about three weeks previously to death.</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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. DATE OF DEATH Death occurred at <u>8:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. B. Young</u> (Degree or title) <u>Local Registrar P.O. Box 63 Granby Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>7-19-62</u>
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE <u>7-19-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	23d. LOCATION (City, town, county) (State) <u>Neosho, Missouri</u>
24. FUNERAL DIRECTOR <u>Shewmake Funeral Home Granby, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 18, 1962</u>	26. REGISTRAR'S SIGNATURE <u>M. B. Young</u>

SEP 11 1962

JUL 31 1962

AUG 30 1962

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 Lloyd E. Stawmbeck

Licensed Embalmer, No. 4923
P. O. Address Box 218 Granby, Mass.

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.