

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034516

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 637 Primary Registration District No. 3023 Registrar's No. 237

FILED OCT 8 1962

VS 300
Rev. 4/59

6425
20425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY HENRY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) CLINTON | | Length of stay in 1b YRS | c. CITY OR TOWN CLINTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 S ORCHARD ST. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 410 S ORCHARD ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) GEORGE ALONZO CLASON | | 4. DATE OF DEATH Month OCT , Day I , Year 1962 | |
| 5. SEX male | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-28-1897 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST | | 10b. KIND OF BUSINESS OR INDUSTRY DENTIST | 9. AGE (last birthday) 65 IF UNDER 1 YEAR: Months 9 , Days 9 IF UNDER 24 HR: Hours 9 , Min. 0 |
| 11. BIRTHPLACE (City and state or country) BEAVER CITY NEBR. USA | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME DWIGHT E CLASON | | 13b. MOTHER'S MAIDEN NAME CHASTINE FORRAND | |
| 14. NAME OF HUSBAND OR WIFE MILDRED CLASON | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI | | 16. SOCIAL SECURITY NO. 497-36-6014 | |
| 17. INFORMANT MILDRED CLASON CLINTON MO. | | Address | |
| 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 thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1960 to Oct. 1 1962 and last saw her/him alive on Sept 15 1962 Death occurred at 5:15 A .m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Paul S. Wertz</i> (D, M, or title) | | 22b. ADDRESS 105 E. 1st | |
| 22c. DATE SIGNED Oct 2 1962 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 3 1962 | 23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD | 23d. LOCATION (City, town, or county) (State) CLINTON MO. |
| 24. FUNERAL DIRECTOR Schubert Funeral Home Clinton, Missouri | | 25. DATE RECD. BY LOCAL REG. Oct 2 1962 | 26. REGISTRAR'S SIGNATURE <i>Mildred Biggers</i> |

OCT 9 1962

OCT-11 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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Ind

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.

Receipt Obtained 10/2/62 M.B.