5. No. 300
v. 10.48

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3732

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) VERNON b. (Middle) CLAY c. (Last) CLAUS

4. DATE OF DEATH (Month) (Day) (Year): Jan - 8 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug 13 - 1918
9. AGE (In years last birthday): 30 | IF UNDER 1 YEAR Months: 4 Days: 5 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Mechanic
11. BIRTHPLACE (State or foreign country): Stubbenville Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Fred Claus
13b. MOTHER'S MAIDEN NAME: Maude Shirley
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 498-07-1022
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Claus ADDRESS: Shelbyville, Mo.

MEDICAL CERTIFICATION

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of intestines - Primary / Recurrent following operation — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

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19a. DATE OF OPERATION: Do not know.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Intestines
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1948, *to* Jan 8, 1949, *that I last saw the deceased alive on* Jan 8, 1949, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. C. Cramer (Degree or title) MD
23b. ADDRESS: Shelbyville Mo
23c. DATE SIGNED: 1-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan - 10 - 1949
24c. NAME OF CEMETERY OR CREMATORY: Asbury Chapel
24d. LOCATION (City, town, or county): Lewis County (State): Mo

DATE REC'D BY LOCAL REG.: 1-13-49
REGISTRAR'S SIGNATURE: Ada Garrison
25. FUNERAL DIRECTOR'S SIGNATURE: E. P. Thompson ADDRESS: Shelbyville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1949

MAR 11 1949

RECEIVED
District Health Officer No. 10
District File Number 1-49-110
JAN 17 1949
Date Filed

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 myself, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville 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 this body is not embalmed, fact should be so stated above.