

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31031

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Missouri Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Mill Creek Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLDWATER</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILL CREEK 3</u>			
3. NAME OF DECEASED a. (First) <u>WALTER</u>		b. (Middle) <u>RUDOLPH</u>	
c. (Last) <u>CLAUSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JULY 8, 1911</u>
9. AGE (In years last birthday) <u>38</u>		10. UNDER 1 YEAR Months <u></u> Days <u></u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Natural Gas Line</u>	
11. BIRTHPLACE (State or foreign country) <u>Madison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Rudolph CLAUSER</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE WILLBANKS</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>495-14-2678</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ERSEL I. MARTIN</u>		ADDRESS <u>COLDWATER, MO.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION CORONERS JURY verdict: <u>DECEASED CAME TO HIS DEATH BY REASON OF AN AUTOMOBILE ACCIDENT</u> INTERVAL BETWEEN ONSET AND DEATH <u>8234</u> <u>32</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DECEASED CAME TO HIS DEATH BY REASON OF AN AUTOMOBILE ACCIDENT</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTOMOBILE ACCIDENT</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		DUE TO (c) <u></u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MILL CREEK MADISON MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Sept. 9, 1949 11:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Automobile Accident - RDR 2</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam Dajin, Jr. Coroner, Madison Co. Mo.</u>		23b. ADDRESS <u>Fredericktown, Missouri</u>	
23c. DATE SIGNED <u>9-10-49</u>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE VINE</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-16-1949</u>		REGISTRAR'S SIGNATURE <u>Florence Baker</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>	

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

62
10
0

62
0
0

OCT 28 1949

RECEIVED 9-22-49

Health Officer No. 4
File Number 949-1242
Date Filed _____

441 6 1949

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.

Signed _____

Sam Dajin, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.