

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. **20052**

BIRTH NO. _____ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **4193** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann	
c. LENGTH OF STAY (In this place) 5 hrs		d. STREET ADDRESS (If rural, give location) Goethe St	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. 9th St			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) JOHN	c. (Last) CLAUS	4. DATE OF DEATH (Month) (Day) (Year) June 21 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY (Farming)	11. BIRTHPLACE (State or foreign country) Hermann Mo	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Frank Claus	13b. MOTHER'S MAIDEN NAME Theresa Neumann	14. NAME OF HUSBAND OR WIFE Bertha Claus
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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. None	17. INFORMANT'S SIGNATURE OR NAME Elmer Claus, Hermann, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH years 5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 21, 1952**, to **June 21, 1952**, that I last saw the deceased alive on **June 21, 1952**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Hermann Mo	23c. DATE SIGNED 6-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-23-52	24c. NAME OF CEMETERY OR CREMATORY St. George Cemetery	24d. LOCATION (City, town, or county) (State) Hermann, Mo
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DATE REC'D BY LOCAL REG. 6/23/52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Hermann, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.