No. 300
10.48

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24809

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 339

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

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

8750
8

3. NAME OF DECEASED (Type or Print)
a. (First): Jay
b. (Middle): Albert
c. (Last): Clausen

4. DATE OF DEATH (Month) (Day) (Year): July 31 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Peter Clausen
13b. MOTHER'S MAIDEN NAME: Mary Koestere
14. NAME OF HUSBAND OR WIFE: Barbara Clausen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Barbara Clausen Girard, Kansas

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Primary carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH: Over 5 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Possible metastatic carcinoma to right lung — Over 5 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Abdominal paracentesis and liver biopsy

19a. DATE OF OPERATION: 7-31-52
19b. MAJOR FINDINGS OF OPERATION: Primary carcinoma of liver
155 X
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* 6-23, 1952, *to* 7-31, 1952, *that I last saw the deceased alive on* 7-31-, 1952, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nelson S. Butterworth, M.D. 0
23b. ADDRESS: +10 Jackson, Joplin, Mo.
23c. DATE SIGNED: 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/31/52
24c. NAME OF CEMETERY OR CREMATORY: Girard Cemetery
24d. LOCATION (City, town, or county) (State): Girard Kansas

DATE REC'D BY LOCAL REG.: 8-7-52
REGISTRAR'S SIGNATURE: Ed O. James by Dolores Lamphin 138
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Steve Parker Mortuary Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-8-52
Jasper County Health Office
County File Number 52/8/628
Date Filed 8-9-52

AUG 1 1 1952

VS NOV 1 1960

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 .....
Student Embalmer

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.