

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21942**

0490
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BIRTH NO. MIN 23 1052 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 42440 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
c. LENGTH OF STAY (in this place) 50 Yrs.		d. STREET ADDRESS (If rural, give location) 508 E. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 508 E. Main St.			

3. NAME OF DECEASED a. (First) Clement b. (Middle) Elam c. (Last) Ault			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1876	9. AGE (In years last birthday) 76	10. MONTHS 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert B. Ault		13b. MOTHER'S MAIDEN NAME Catherine Elam		14. NAME OF HUSBAND OR WIFE Maude Ault	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Maude Ault, 508 E. Main St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-17, 1953, to 6-18, 1953, that I last saw the deceased alive on 6-18, 1953, and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE J.B. Meunier (Degree or title) D.O.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 6-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-20-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Webb City, Mo.	

DATE REC'D BY LOCAL REG. 6-20-53		REGISTRAR'S SIGNATURE Max Madeline		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnice-Simpson ADDRESS Webb City, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-22-53
Jasper County Health Office

County File Number 53-6-524

Date Filed 6-22-53

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 Hawley J. Quice

Licensed Embalmer No. 4463

P. O. Address Wet City, 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.