

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37238

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>Hawaii</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Milwau</u>		c. CITY OR TOWN <u>Milwau</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ADOLPH-ALBERT-CLASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug-4-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of last year, if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?
<u>W.P. (Retired)</u>		<u>Carpenter</u>	<u>Larnard, Kansas</u>		<u>USA</u>
13a. FATHER'S NAME <u>Adolph Clason</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Mae Clason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAE-G Clason</u> <u>Milwau 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensation Myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary</u>			<u>Chronic</u>
	DUE TO (c) <u>Decompensation Myocardial</u>			
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"/>
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) (Min)	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 10-30, 1952, to 11-10, 1954, that I last saw the deceased alive on 11-10, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.R. Perkins MD</u>		23b. ADDRESS <u>Willow Springs MO</u>		23c. DATE SIGNED <u>11-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milwau Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milwau MO</u>	
DATE REC'D BY LOCAL REG. <u>11-19-54</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>126-0</u>	ADDRESS <u>Milwau MO</u>	

AUG 8 1957

MAR 22 1957

JAN 18 1956

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.....
Signature of Student Embalmer

Signed *Joseph P. Duncan*.....
Licensed Embalmer No. 4316

P. O. Address *Alto Vista*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.