

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35600

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Marshall</u>		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>Fitzgibbon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>652 E. Mitchell</u> 0972			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Frances</u> c. (Last) <u>Clause</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10-1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 30-1919</u>	
9. AGE (In years last birthday) <u>36</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Lick, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Nixon</u>		13b. MOTHER'S MAIDEN NAME <u>Cora M. Luse</u>		14. NAME OF HUSBAND OR WIFE <u>Roy R. Clause</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy R. Clause-Marshall, Mo.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest - Circulatory collapse during operation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 6785					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>10/10/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cesarian</u>					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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>10/10</u> , 19 <u>55</u> , to <u>10/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>55</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ronald R. Reel</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>10/11/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Lick</u>		24d. LOCATION (City, town, or county) <u>Saline</u> (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-12-55</u>		REGISTRAR'S SIGNATURE <u>Ronald R. Reel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy J. Leslie Swamy</u> ADDRESS <u>Marshall, Mo.</u>			

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

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..... *J. Earle Sweeney*

Licensed Embalmer No. *3253*

P. O. Address *J. Marshall*

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.