

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40914
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 164 Primary Registration District No. 3037 Registrar's No. 142

S. 300
1-574

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|--|--|--|--|---|---|--|---|---|---|---|--|--------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ross Nursing Home | | | Length of stay in lb 36 Yrs. | | d. STREET ADDRESS Ross Nursing Home | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First John Middle Henry Last Claunch | | | | 4. DATE OF DEATH Month December Day 1 Year 1957 | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 14, 1885 | | 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock | | 11. BIRTHPLACE (City and state or country) Johnson County, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME John S. Claunch | | | | 13b. MOTHER'S MAIDEN NAME Ella Hunter | | | | 14. NAME OF HUSBAND OR WIFE Velma J. Claunch (Deceased) | | | | | |
| 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. 1492-26-0842A | | 17. INFORMANT Address Mrs. Clifford Ele, Warrensburg, Mo. | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Influenza | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 481X | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 20f. CITY, TOWN, OR LOCATION | | | COUNTY | | STATE | |
| 21. I attended the deceased from 11-29-57 to 12-1-57 and last saw her alive on 11-30-57 Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE R. Lee Cooper M.D. (Degree or title) | | | | | 22b. ADDRESS Warrensburg, Mo. | | | | | 22c. DATE SIGNED 12-2-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3 Dec 57 | | 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery | | | | 23d. LOCATION (City, town or county) (State) Johnson County, Missouri | | | | | |
| 24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. | | | | | 25. DATE RECD. BY LOCAL REG. Dec. 2, 1957 | | 26. REGISTRAR'S SIGNATURE Savannah Cretchfield | | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nonparelature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *John P. Rodgers*

Licensed Embalmer No. 4963.....
P. O. Address Warrensburg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.