

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013038  
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 120

Health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>Kirksville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1208 S. Baird St.,</b>		d. STREET ADDRESS (If outside, give location) <b>1208 S. Baird St.,</b>	
3. NAME OF DECEASED (Type or print) <b>Grace</b>		4. DATE OF DEATH <b>April 15, 1958</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 17, 1864</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Falster, Denmark</b>	
13. FATHER'S NAME <b>Jacob Clausen</b>		14. MOTHER'S MAIDEN NAME <b>Anna Johson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>John W. Bales, Kirksville, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Few min</b> <b>Several yrs</b> <b>Several yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Myocardial insufficiency.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 WORK <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 <b>1953</b> to <b>1/16/58</b> and last saw her <sup>her</sup> alive on <b>1/16/58</b> Death occurred at <b>estim 4:45PM (Dead upon arrival)</b> to the best of my knowledge, from the causes stated.			
22a: SIGNATURE <b>J. R. Roderick</b> (Degree or title) <b>J. R. Roderick, D.O.</b>		22b. ADDRESS <b>Kirksville, Mo.</b>	
		22c. DATE SIGNED <b>4/15/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/15/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rouch Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Davis County, Iowa.</b>	
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-15-1958</b>	
		26. REGISTRAR'S SIGNATURE <b>Davis W. Patliff</b>	

(Licensed Embalmer's Statement on Reverse Side)

8961 6 NOV

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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 *George W. Davalt*  
.....

Licensed Embalmer No. *47*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.