

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044893

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 427

300
1-57

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STEFFENVILLE ⁰⁵⁶⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXX Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRED CLAUD			4. DATE OF DEATH Month Day Year DEC. 15, 1958
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/13/1883
9. AGE (In years - last birthday) 75-75		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (City and state or country) SHELBY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME RUDOLPH CLAUD	
13b. MOTHER'S MAIDEN NAME ROSA WHITING		14. NAME OF HUSBAND OR WIFE MAUDE CLAUD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) NO XXXXXXXXXXXXX		16. SOCIAL SECURITY NO. NONE	17. INFORMANT DOROTHY RICHMOND Address Lewistown, 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) Terminal Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Cerebral vascular accident			2 days
DUE TO (c) Arterio sclerosis			2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 0
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 Month, Day, Year 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 Dec 14, 1958		to Dec 15, 1958 and last saw her/him alive on Dec 15, 1958 Death Occurred at 12:07 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Wm Canfield</i> (Degree or title) M. O.		22b. ADDRESS 707 Bdwy, Hannibal, Missouri	22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 12/17/58	23c. NAME OF CEMETERY OR CREMATORY ASBURY	23d. LOCATION (City, town, or county) (State) LEWIS CO. MISSOURI
24. FUNERAL DIRECTOR <i>Charles Arnold, Jr.</i> ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-58	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Luke By Wm Fisher</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

RECEIVED DEC 22 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 22 1958

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 *Charles L. Arnold*

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, 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.