

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001880
STATE FILE NUMBER

health, Welfare Public Service
 000 -56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 46

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 3

Filed Jan 19 1959

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) Inside Limits OR TOWN Washington Township Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Knob Noster Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital Length of stay in lb 1 day		d. STREET ADDRESS (If outside, give location) 101 Westside Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Stephen Middle Bernard Last Clesson			4. DATE OF DEATH Month January Day 13 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> - DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5 Sep 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Days Hours Min.
11. BIRTHPLACE (City and state or country) Sacramento, California		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Edwin Earl Clesson		14. MOTHER'S MAIDEN NAME Marilyn Sue Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Hospital Records Whiteman AFB, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subacute and chronic localized peritonitis DUE TO (b) Previous resection of small bowel for volvulus with complicating post operative hematoma at anastomosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hemorrhagic diathesis of undetermined etiology			INTERVAL BETWEEN ONSET AND DEATH Unknown 16 weeks
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 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 12 Jan 59 to 13 Jan 59 and last saw him alive on 13 Jan 59 Death occurred at 7:10 A m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Everett R. Lensesink EVERETT R LENSINK CAPT USAF (MC)		22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri	22c. DATE SIGNED 13 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-15-59	23c. NAME OF CEMETERY OR CREMATORY Rock Port, Illinois	23d. LOCATION (City, town, or county) (State) Rock Port, Illinois
24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE Berna L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

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.....
W.A. Zimmerman

Licensed Embalmer No... 33

P. O. Address... Warrumbungle

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.