

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017289

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 119 Primary Registration District No. 4191 Registrar's No. 21

300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GASCONADE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GASCONADE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		Length of stay in 1b 5 YRS		d. STREET ADDRESS (If outside, give location) 0370 <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLARK LOUIS FLAUAUS				4. DATE OF DEATH Month Day Year MAY 5 1959			
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 15-1887		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE		10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and state or country) DU QUAIN, ILL		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME GEORGE FLAUAUS		13b. MOTHER'S MAIDEN NAME ELLA FANCHER		14. NAME OF HUSBAND OR WIFE BESSIE MAY FLAUAUS			
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. 493-36-0410		17. INFORMANT ^{R# address} MRS LEO BONNOT JEFFERSON CITY 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) Acute Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Myocardial infarction DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261						INTERVAL BETWEEN ONSET AND DEATH 10 min	
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 1/3/58 to 5/5/59 and last saw him alive on 4/1/59 Death occurred at 9:42 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W.O.				22b. ADDRESS Herman, Mo		22c. DATE SIGNED 5/8/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/9/59	23c. NAME OF CEMETERY OR CREMATORY ASSUMPTION CEMETERY		23d. LOCATION (City, town, or county) (State) MORRISON Mo		
24. FUNERAL DIRECTOR HUGO H. Blumer			25. DATE RECD. BY LOCAL REG. 5-8-59		26. REGISTRAR'S SIGNATURE Delma Uffelman		

MAY 20 1959

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 *Roger Williams*
Licensed Embalmer No. *5055*

P. O. Address *Germany, 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.