

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010469

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 384

FILED MAR 19 1962

VS 300
Rev. 4/59

10397
20397
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4 0
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97954
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 49 years	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give St. or Ave.) HOSPITAL OR INSTITUTION St. Louis Sts. Corner of Glenstone &		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1826 W. Atlantic Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRY Middle LEE Last CLOUSE			4. DATE OF DEATH Month Mar. Day 9, Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/16/1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Hockcarrier		10b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (last birthday) 49 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
13a. FATHER'S NAME Willis Clouse		13b. MOTHER'S MAIDEN NAME Anna West	14. NAME OF HUSBAND OR WIFE Rosalie Clouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. 	
17. INFORMANT Rosalie Clouse, 1826 W. Atlantic, Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Greene County Coroner notified			
DUE TO (c) UNATTENDED BY A PHYSICIAN			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Was working on job and had sudden attack	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Doubler</i> (Degree or title) Greene County Health Officer, Spfld Mo		22b. ADDRESS	22c. DATE SIGNED 3-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/13/1962	23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri.
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.	25. DATE RECD. BY LOCAL REG. 3-15-62	26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>	

A. T. H. DOUBLER, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

APR 17 1962

MAR 23 1962

Permit renewed 3-13-62

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 Henry L. Strauss

Licensed Embalmer No. 5164

P. O. Address Appa, 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.