

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-027871**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 73

STATE FILE NUMBER

**FILED AUG 6 1963**

1. PLACE OF DEATH  
 a. COUNTY Gentry  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany Length of stay in lb 15 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry Co. Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Gentry  
 c. CITY OR TOWN Albany Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) South Part Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Sarah Jane Clouse 4. DATE OF DEATH Month Day Year Aug. 1, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/23/65 9. AGE (last birthday) 97 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY HouseKeeper 11. BIRTHPLACE (City and state or country) Harrison Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME B. Tillman Ricketts 13b. MOTHER'S MAIDEN NAME Rhoda Bender 14. NAME OF HUSBAND OR WIFE H. George Clouse

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. None 17. INFORMANT Address Mrs. Addie Parman, Albany, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Heart Failure  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility  
 DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 7 Days

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  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 2 Aug 1963 to 2 Aug 63 and last saw her alive on 8-2-63  
 Death occurred at 12:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. W. Merrill, MD 22b. ADDRESS Albany, Mo. 22c. DATE SIGNED 8-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/4/63 23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery 23d. LOCATION (City, town, or county) (State) New Hampton, Mo.

24. FUNERAL DIRECTOR ADDRESS C.P. Noble New Hampton, Mo. 25. DATE RECD. BY LOCAL REG. 8-3-63 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT
1	0380		
2	0380		
3	2		
4	1		
5	2		
6			
7	0		
8	2		
9	794X		
10			
11			
12	1-2		
13	1-0		

ITEM NO. SHOULD READ BY AFFIDAVIT OF

8-3-63  
need

**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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany 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.