

FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23840

Registration District No. 275

Primary Registration District No. 8053

Registrar's No. 55

## 1. PLACE OF DEATH:

(a) County Phelps  
 (b) City or town Rolla  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 35 years  
years, months or days)3. (a) PRINT FULL NAME Charles Yancey Clayton

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Baysinger Clayton 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 29 1892  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Hannibal Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher  
 11. Industry or business Missouri School of Mines

MOTHER FATHER {  
 12. Name George D. Clayton  
 13. Birthplace New London Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Morrison  
 15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Chas. L. Clayton  
 (b) Address 705 Park. Rolla, Missouri

17. (a) Burial (b) Date thereof June 29, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow (Specify type of place)

(b) Address Rolla, Missouri (e) Means of injury D

19. (a) 7-21-48 (b) Nadine L. Speel  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
 (c) City or town Rolla  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 705 Park St  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 20 1/2 years  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension cerebral hemorrhage 20 yrs. 3 months

Major findings: Gifted PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury D23. Signature E. E. Feind (M.D. or other)Address Rolla Mo Date signed 6-30-48

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 7/27/48

AUG 27 1948

AUG 27 1948

AUG 25 1948

AUG 4 1948

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. H. Hollen

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**