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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37669

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 132

**1. PLACE OF DEATH:**

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DeWitt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 66 West 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LUCINDA FRANCES CLAYTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 17, (Day) 1866 (Year)

8. AGE: Years 82 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Martin
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rachael Crawford
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Virgil Copeland
(b) Address Rolla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wheeler Cemetery

18. (a) Signature of funeral director Null & Sons F. H.
(b) Address Rolla, Mo.

19. (a) 12-2-48 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 27th year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11/25/48, 19 to 11/27/48, 19; that I last saw her alive on 11/27/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coma & shock — Duration 24 hours

Due to Fracture of left femur complicated by Diabetes — 11/25/48 unknown

Due to Senile degeneration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident 81

(b) Date of occurrence 11-25-48

(c) Where did injury occur? Rolla (City or town) Phelps (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? No (e) Means of injury Fell 2

23. Signature W M Pottingham (M. D. or other) DO

Address Rolla Mo. Date signed 11/29/48

(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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.**