

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Sarno

State File No. 20344
Registrar's No. 236

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 436

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN Morehouse Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Morehouse, Mo		d. STREET ADDRESS (If rural, give location) Morehouse, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Emily c. (Last) Clayton			4. DATE OF DEATH (Month) (Day) (Year) 6/10/49		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4/6/56	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 2 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Tenn	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Brewer	13b. MOTHER'S MAIDEN NAME Mellie Risner	14. NAME OF HUSBAND OR WIFE William Clayton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Wanda Blankenship Markham</i>	ADDRESS Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio sclerosis generalized</i>		INTERVAL BETWEEN ONSET AND DEATH 17 years 4500
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-1**, 19**49**, to **6-10**, 19**49**, that I last saw the deceased alive on **6-10**, 19**49**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J. M. Sarno M.D.</i>	23b. ADDRESS Morehouse, Mo	23c. DATE SIGNED 6-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/13/49	24c. NAME OF CEMETERY OR CREMATORY Fair View	24d. LOCATION (City, town, or county) (State) Pyrol Ok
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DATE REC'D BY LOCAL REG. June 17, 1949	REGISTRAR'S SIGNATURE <i>Thomas M. Sheeter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Allenton</i>	ADDRESS Pyrol Ok
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(Licensed Embalmer's Statement on Reverse Side)

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

72
3
0

RECEIVED

District Health Office No. 2,

District File Number 649-694

Date Filed JUN 20 1949

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.

Signed John Allerton

Signed _____
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Sturton Rd

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.