

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24454

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 571

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>NAYLOR</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>NAYLOR</u>	
c. LENGTH OF STAY (In this place) <u>2 YR.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME I</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFIE</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>CLAYTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-1949</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-15-1899</u>	9. AGE (In years last birthday) <u>50</u>	# UNDER 1 YEAR <u>5</u>	TEAR <u>0</u>	# UNDER 1 HOUR <u>0</u>	MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>TRUCKER WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAW MILL</u>	11. BIRTHPLACE (State or foreign country) <u>DELAPLAINE ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOE CLAYTON</u>	13b. MOTHER'S MAIDEN NAME <u>JOSIE LOCKE</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA CLAYTON</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>432-07-1706</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELLA CLAYTON</u>	ADDRESS <u>NAYLOR, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		DUE TO (b) <u>sk</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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) m.	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 August 1948 1948, to July 15, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank C. Johnson, D.M.P.</u> (Degree or title)	23b. ADDRESS <u>Douglas, Mo.</u>	23c. DATE SIGNED <u>7-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bronnie Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Douglas, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>7-18-49</u>	REGISTRAR'S SIGNATURE <u>E.W. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Selig</u>	ADDRESS <u>Black's Mortuary, Douglas, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-6-49
District Health Officer No. 5,
District File Number 849557
Date Filed 8-8-49

MAR 16 1950

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 _____
Student Embalmer

Signed Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Conning, Ark.

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.