

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1950

State File No. 31057

BIRTH NO. 66718-50 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>MARION</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>2 MIN.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		0674
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>109 VIRGINIA ST.</u>		

3. NAME OF DECEASED (Type or Print) <u>BABY CHRISTINE CLAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 - 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>OCT 6, 1950</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 12 Hrs. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>HOWARD E. CLAY</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE A. ENGLE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard E. Clay</u> ADDRESS <u>Hannibal, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anencephalus</u>  ANTECEDENT CAUSES Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH          <u>750X</u>
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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 Oct 6, 1950, to Oct 6, 1950, that I last saw the deceased alive on Oct 6, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. A. Beers M.D.</u>		23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>Oct 6/50</u>	
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>-</u>		24b. DATE <u>OCT 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO.</u>	

DATE REC'D BY LOCAL REG. <u>Oct 6 '50</u>		REGISTRAR'S SIGNATURE <u>H. E. M. Luecke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u> ADDRESS <u>Hannibal Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

644  
0

No. 300  
10-48

OCT 9 1950

U. S. HEALTH DEPT.  
DATE FILED OCT 10 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 \_\_\_\_\_

*Ralph Clark*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ralph Clark*

Licensed Embalmer No. 4217

P. O. Address \_\_\_\_\_

**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.