

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34373**

FILED NOV 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY <b>Pike County, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston 4090</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>6337 Wells mar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herbert</b> b. (Middle) <b>Ephie</b> c. (Last) <b>Clayton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 5 - 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 18, 1928</b>
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Stoddard Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Joseph Gilbert Clayton</b>		13b. MOTHER'S MAIDEN NAME <b>Velma Skates</b>	
14. NAME OF HUSBAND OR WIFE <b>Nadine Clayton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Nadine Clayton</b>		ADDRESS <b>Same</b>	
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) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>severe shock &amp; exposure</b>		<b>2 1/2 hrs.</b>	
DUE TO (c) <b>Bleeding Peptic Ulcer</b>		<b>2 1/2 hrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>aspiration of vomitus into lungs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2 roots</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) <b>5400</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>Nov. 4, 1950</b> , to <b>Nov. 5, 1950</b> , that I last saw the deceased alive on <b>Nov. 5, 1950</b> , and that death occurred at <b>3:35 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. Leville M.D.</b> (Degree or title)		23b. ADDRESS <b>Louisiana Mo</b>	
23c. DATE SIGNED <b>11/5/50</b>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 6, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>DEXTER, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>Nov 5, 1950</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland Rainey</b>		ADDRESS <b>Dexter, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

821

JAN 16 1951

JAN 17 1951

NOV 16 1950

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Date Received: NOV 9 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-185  
Date Filed: NOV 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.