

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36539

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Crawford' Keysville Mo,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Keysville Mo; b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Union (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Keysville Mo, 0280	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>Martha Ellen Clay</del>			

3. NAME OF DECEASED (Type or Print) Martha Ellen Clay			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8. 1950		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH Nov 20. 1866	9. AGE (In years last birthday) 83	# UNDER 1 YEAR 11 12	# UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Scotia Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Cates Joseph		13b. MOTHER'S MAIDEN NAME Louise Cates		14. NAME OF HUSBAND OR WIFE Charles M Clay			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Clay Keysville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Degener. Arthritis				INTERVAL BETWEEN ONSET AND DEATH 6 wks  3327	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE None (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crawford Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? no injury			
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22. I hereby certify that I attended the deceased from 7-10, 1950, to 10-8, 1950, that I last saw the deceased alive on 9-25, 1950, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE John Charles Daubek Jr M.D.		23b. ADDRESS Steelville Mo		23c. DATE SIGNED 11-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 7		24b. DATE NOV. 10. 1950		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Steelville Mo.	
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DATE REC'D BY LOCAL REG. 11-29-50		REGISTRAR'S SIGNATURE C. K. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. G. ... Steelville Mo			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No.  
DISTRICT HEALTH OFFICE No. 4  
DEC - 2 1950

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DEC 13 1950

DEC 13 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 \_\_\_\_\_

*Harry M. Jones* Embalmed

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

*Harry M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steele, 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.