No. 300
10.48

0941
0

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17731

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre 0941
d. STREET ADDRESS (If rural, give location) 304 N. Long St 0

3. NAME OF DECEASED (Type or Print)
a. (First) Irvin
b. (Middle) Milton
c. (Last) Claywell

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 10. 1870
9. AGE (In years last birthday) 81 — If under 1 year: Months 0, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Mo. Ill Railroad
11. BIRTHPLACE (State or foreign country) St. Francois Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Shedrick Claywell
13b. MOTHER'S MAIDEN NAME Louisa Turley
14. NAME OF HUSBAND OR WIFE Sarah Ann Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Clarence J. Claywell — ADDRESS Bonne Terre Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease
DUE TO (c) — 4 1/2 yrs.

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 4201
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 2/26/47

22. *I hereby certify that I attended the deceased from* Feb. 26, 19 47 *to* May 4, 19 51, *that I last saw the deceased alive on* May 4, 19 51, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Marvin T. Haw, D.O. (Degree or title)
23b. ADDRESS Bonne Terre, Mo
23c. DATE SIGNED May 7, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 7. 1951
24c. NAME OF CEMETERY OR CREMATORY St. Josephs
24d. LOCATION (City, town, or county) Bonne Terre (State) Mo.

DATE REC'D BY LOCAL REG. May 7, 1951
REGISTRAR'S SIGNATURE Esther Rudolph 299
25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Yeckel — ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 14 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

JUL 22 1955

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed Donnell B. Dietrich

Signed _____
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address 118 Boyd DeSoto 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.