

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6569**
Registrar's No. **1164**

FILED FEB 27 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Ellington, Missouri</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Bapt Hosp.</i>		d. STREET ADDRESS (rural, give location) <i>Rural Route 0900</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Annie</i> b. (Middle) c. (Last) <i>Clayd</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 2 52</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 11-1875</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse wife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown Cox</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		
14. NAME OF HUSBAND OR WIFE <i>Wiley Clayd</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT'S SIGNATURE OR NAME <i>Ray Helvey</i>		17. ADDRESS <i>Ellington Mo</i>				
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) <i>embolus cerebri</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Hypertension</i> DUE TO (c) <i>arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (STATE)		
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"/>		21h. HOW DID INJURY OCCUR? <i>4221</i>		
22. I hereby certify that I attended the deceased from <i>Jan 15, 1952</i> to <i>Feb 2, 1952</i> that I last saw the deceased alive on <i>Feb 2, 1952</i> , and that death occurred at <i>8A</i> m., from the causes and on the date stated above.						
23a. SIGNATURE <i>Ray Helvey</i>		23b. ADDRESS <i>1119 1918 East Main</i>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2-3-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ellington Mo</i>		
24d. LOCATION (City, town, or county) (State) <i>Ellington Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Permitt - Ellington Mo</i>		25. ADDRESS		
DATE REC'D BY LOCAL REG. FEB 6 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FEB 28 1932

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 *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *St. Louis, 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.