

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15337

MAY 15 1952

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

1030
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BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 29

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bernie</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bernie</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>1/2 mi. Southwest</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Clayton</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-52</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 6, 1868</u> |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Hannibal Clayton</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Whitford</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Clayton</u> | | ADDRESS <u>Bernie, Mo</u> | |
| 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>Chronic Myocarditis and Myocardial DEGENERATION</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. <u>SENILITY</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <u>4222</u> | |
| 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) | |
| 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 <u>4-14, 1952</u> to <u>5-1, 1952</u> , that I last saw the deceased alive on <u>5-1, 1952</u> , and that death occurred at <u>5:00 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>F O Keller</u> (Degree or title) | | 23b. ADDRESS <u>PO BOX 157 BERNIE, MO.</u> | |
| 23c. DATE SIGNED <u>5-5-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-6-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery Malden</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5/10/52</u> | | REGISTRAR'S SIGNATURE <u>Volusia D. Jenkins</u> | |
| FUNERAL DIRECTOR'S SIGNATURE <u>Ward Russell</u> | | ADDRESS <u>Piggott, Ark.</u> | |

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leroy J Tyler

Signed.....
Student Embalmer

Licensed Embalmer No. 1001 Ark.

P. O. Address Piggott Ark.

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.