

STANDARD CERTIFICATE OF DEATH

State File No.

0951

FILED FEB 11 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0951	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Jennings		4148	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 7220 Albright			
3. NAME OF DECEASED (Type or Print) Maud		a. (First)		b. (Middle) Mae		c. (Last) Clayton	
4. DATE OF DEATH Jan. 23, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 23, 1882		9. AGE (In years last birthday) 70 10. UNDER 1 YEAR 9 11. UNDER 1 MONTH 0 12. UNDER 1 WEEK 0	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE William (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leslie Clayton, 2619 Arkansas, St. Louis	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease DUE TO (c) 2. 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		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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR 443x			
22. I hereby certify that I attended the deceased from 1-8-53 , 19 53 , to 1-23 , 19 53 , that I last saw the deceased alive on 1-23 , 19 53 , and that death occurred at 9:20 pm. , from the causes and on the date stated above.							
23a. SIGNATURE John F. Kennedy MD CM				23b. ADDRESS 5720 Washington		23c. DATE SIGNED 1-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 24, 1953		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL JAN 27 1953		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home		ADDRESS 2301 Lafayette	

(Licensed Embalmer's Statement on Reverse Side)

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

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 James R. Chapman

Licensed Embalmer No. 4550

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.