

MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7033

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>HAYTI</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>RURAL, RYA99A0090</u>	
c. LENGTH OF STAY (in this place) <u>19 HRS</u>		d. STREET ADDRESS (if rural, give location) <u>1 mile N. DEERING, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEMISCOT MEMORIAL HOSP</u>			
3. NAME OF DECEASED a. (First) <u>BERTIE</u> b. (Middle) <u>C</u> c. (Last) <u>CLAYK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 29, 1897</u>
9. AGE (In years last birthday) <u>55</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dyer Co. TENNESSEE</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.N. REAGAN</u>		13b. MOTHER'S MAIDEN NAME <u>FANNY RUSHING</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARENCE CLAYK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Clark</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>Terminal pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>post Fla-Syndrome</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>COMA</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481x</u>	
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)	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>Feb. 20</u> , 1953, to <u>Feb. 22</u> , 1953, that I last saw the deceased alive on <u>Feb. 21</u> , 1953, and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C.D. Kaiser</u>		23b. ADDRESS <u>Hayti, Mo.</u>	
23c. DATE SIGNED <u>3-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PROVIDE</u>	24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE, MO</u>
DATE REC'D BY LOCAL REG. <u>3-6-53</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leopold Wehr Co.</u>	
		ADDRESS <u>Caruthersville, Mo.</u>	

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

781
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3-88-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 7 1953

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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.