

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10766**

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>3048</b>		Registrar's No. <b>80</b>	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		<b>0742</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>424 East Sixth</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>RUSSELL</b>		c. (Last) <b>CLAYTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 30 53</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6/29/03</b>	
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairyman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Benjamin Clayton</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Ellen Payton</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine Mozingo Clayton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Russell Clayton, Maryville, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis in Rt leg. + hemorrhage from drainage wound.</b> DUE TO (c) <b>Cancer of Colon.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153X</b> <b>Operations strikes Heart (C. M.)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Operated several times in past few months - C. of Colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-18</b> , 19 <b>53</b> , to <b>March 30, 1953</b> , that I last saw the deceased alive on <b>3-30</b> , 19 <b>53</b> , and that death occurred at <b>2:45A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Johnson</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>4/8/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/2/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-11-53</b>		REGISTRAR'S SIGNATURE <b>Gess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>			

(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

*John W. Price*

Licensed Embalmer No. *H281*

P. O. Address *Maryville 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.