

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17484

State File No.

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>2 Years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		<u>0272</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home, 712 Sixth St.</u>				d. STREET ADDRESS (If rural, give location) <u>712 Sixth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida Mae</u> b. (Middle) <u>Hornbeck</u> c. (Last) <u>Clayton.</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>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>March 24" 1901</u>	9. AGE (in years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of a regular life span if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Hornbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Clementine Rankin.</u>		14. NAME OF HUSBAND OR WIFE <u>Powell Clayton.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Powell Clayton, Boonville., 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>Acute + Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Eclampsia</u> DUE TO (c) <u>Pregnancy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis and Cardiac insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 2/3 yrs</u> <u>2 1/2 yrs</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Aug 20, 1930</u> , to <u>5-20, 1952</u> , that I last saw the deceased alive on <u>4-7-52</u> , 1952, and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.E. Stone</u>				23b. ADDRESS <u>Mo. Boonville Mo</u>		23c. DATE SIGNED <u>5-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23" / 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>5/22/53</u>		REGISTRAR'S SIGNATURE <u>D. Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(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

J. H. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville, 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.