

R#4256

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20822

C-1723756

State File No. _____

BIRTH FILED MI 15 1953REG. DIST. NO. 43PRIMARY REG. DIST. NO. 3007Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Freemont</u>	
c. LENGTH OF STAY (In this place) <u>13</u>		d. STREET ADDRESS (If rural, give location) <u>Veterans Administration Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>Clay</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>9-21-89</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mountain Home, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John R. Clay</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>DNA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Liver Coma</u>		ANTECEDENT CAUSES DUE TO (b) <u>Cirrhosis of Liver</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</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) (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 ^{VA} attended the deceased from <u>May 15, 1953</u> , to <u>May 28, 1953</u> , and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>T. S. USSERY, M.D.</u>		23b. ADDRESS <u>VA Hospital, Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>5-28-53</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-28-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evalyne Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/10/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McGadden</u>		ADDRESS <u>Van Buren, mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7/13/53

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Allen C. McQueen

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.