

STANDARD CERTIFICATE OF DEATH

5132 State File No. 7841

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5132 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wayne Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Rural Wayne tsp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 6, St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6, St. Joseph</u>		0110 0	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALLEN</u>	b. (Middle) <u>EDMUND</u>	c. (Last) <u>CLAYTON</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>25</u> (Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>5-19-1900</u>	9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ferd Punzo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Clayton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Martin</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otto Clayton</u> ADDRESS <u>402 E. Colorado St.</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 St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted knife</u> DUE TO (c) <u>Wound of the throat</u>		E977X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man killed himself while alone in his home by cutting his own throat with a butcher knife</u>		19a. DATE OF OPERATION		20. AUTOPSY? YES ☐ NO ☒
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Wayne Buchanan Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 25-1954 5:40 P</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ <u>Knife wound</u>

22. I hereby certify that I interviewed the deceased on 3/15/54 to 1954, that I last saw the deceased alive on 3/15/54, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H F Mundy M D Coroner</u>		23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>3/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halls Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Mar 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Eother M. Allison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John E. Stupp</u>	ADDRESS <u>St. Joseph, 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, ~~only~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address St. Joe

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.