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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7855

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 208

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

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (in this place) 31 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Poplar Bluff

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
d. STREET ADDRESS (If rural, give location) 1006 Garfield

01 24 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Clay

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1954

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH 6-27-1905
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Dumas, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lee Prickett
13b. MOTHER'S MAIDEN NAME Pluma Goins
14. NAME OF HUSBAND OR WIFE Robert Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-36-3423
17. INFORMANT'S SIGNATURE OR NAME Robert Clay Poplar Bluff, Mo
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Mesentery Caecum — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident: Fell down
DUE TO (c) Stairs Home - 15 Mar 54

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, Peritonitis. — E9000 21

19a. DATE OF OPERATION 17 Mar 54
19b. MAJOR FINDINGS OF OPERATION Large hemorrhage Ruptured mesentery caecum. Peritonitis.
20. AUTOPSY? YES ☐ NO ☒

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) 128 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Mar, 1954, *to* 19 Mar, 1954, *that I last saw the deceased alive on* 19 Mar, 1954, *and that death occurred at* 11:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. H. Brookreson MD
23b. ADDRESS 321 Oak Poplar Bluff Mo
23c. DATE SIGNED 24 Mar 54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE 3-23-1954
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (~~City, town,~~ or county) Butler (State) Mo.

DATE REC'D BY LOCAL REG. 3/31/54
REGISTRAR'S SIGNATURE R H Minetree 489
25. FUNERAL DIRECTOR'S SIGNATURE Fred Jr Smith - Sikeston, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 5 . 1954
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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sibley, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.