

FILED JUL 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23840

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

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4379 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Pickering		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Pickering
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) JANE c. (Last) CLAYTON		4. DATE OF DEATH (Month) (Day) (Year) 7 13 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/18/67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) Months Days Hours Mins. 86
11. BIRTHPLACE (City and State or Foreign Country) Greencastle, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Sadler		13b. MOTHER'S MAIDEN NAME Mary E. Swinford	14. NAME OF HUSBAND OR WIFE Charles Clayton, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Belle Harmon, St. Joseph, Mo.
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) Sensitivity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		794X	
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 1/1, 1952 to July 13, 1954 , that I last saw the deceased alive on 7/12, 1954 , and that death occurred at 11:45A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Hopkins, Missouri	23c. DATE SIGNED 7/14/54
24a. BURIAL, CREMATION, OR DISPOSAL (Specify)	24b. DATE 7/15/54	24c. NAME OF CEMETERY OR CREMATORY White Oak	24d. LOCATION (City, town, or county) (State) Pickering, Missouri
DATE REC'D BY LOCAL REG. 7-17-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

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.....
Signature of Student Embalmer

Signed *Curtis C. Hensley*.....

Licensed Embalmer No. *492*.....

P. O. Address *Memphis*.....

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.