

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30524

State File No.

FILED OCT 7 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4452

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas cy</u> c. LENGTH OF STAY (in this place) <u>78 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas cy</u> <u>3648</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4340 Warwick Blvd</u>	
3. NAME OF DECEASED a. (First) <u>HARVEY</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>CLAYTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1880 Oct 3, 1880</u>
9. AGE (in years last birthday) <u>73</u> <u>2</u> <u>1</u> <u>16</u>		10. KIND OF BUSINESS OR INDUSTRY _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investment Securities</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Geo. R. Clayton</u>	
13b. MOTHER'S MAIDEN NAME <u>Mae Woodworth</u>		14. NAME OF HUSBAND OR WIFE <u>Flourance L. Clayton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-365461</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo. L. Clayton</u>		ADDRESS <u>7610 Terrace 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>	
		INTERVAL BETWEEN ONSET AND DEATH	
		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 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 9-18, 1954, to Sept 19, 1954, that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>K C Tuberculosis Hosp.</u>		23c. DATE SIGNED <u>9-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City</u> <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>9-20-54</u>		REGISTRAR'S SIGNATURE <u>Nevar Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u> ADDRESS <u>K 6700</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Alvin R. Hamschill

Signed.....
Student Embalmer

Licensed Embalmer No. H 159

P. O. Address K. E. 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.