

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31460

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

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5971		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar Polk</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cligaut</u>		0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. S. of Slagle Highway</u>				d. STREET ADDRESS (If rural, give location) <u>9 mi. NW of Bolivar Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond Clayton</u> b. (Middle) <u>York</u> c. (Last) <u>York</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 10, 1935</u>	
9. AGE (In years, if under 1 year last birthday) <u>19</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegrapher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telegraph Operator</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Evadora Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Everett Madison York</u>			13b. MOTHER'S MAIDEN NAME <u>Nemona Hammonds</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>515-32-8909</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. M. York Cligaut Mo</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 <u>Internal Chest Injuries Instant and Broken Neck</u> DUE TO (b) <u>Accident in 2 Car Auto Accident</u> DUE TO (a) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8164 20</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>North Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>South of Slagle Polk, Mo</u>		21d. (STATE) <u>Mo</u>	
21d. TIME OF INJURY <u>Sept 11, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>at work</u>		21f. HOW DID INJURY OCCUR? <u>2 Car Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>Sept 11, 1954</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 11, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Ward S. Service</u>			(Degree or title) <u>Coroner Polk Co</u>		23b. ADDRESS <u>Bolivar, Mo</u>		
23c. DATE SIGNED <u>Sept 12/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cligaut, Mo</u>		25a. FUNERAL DIRECTOR'S SIGNATURE <u>Service-Blue</u>		25b. ADDRESS <u>Bolivar, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		258-0		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Service-Blue</u>	
				25d. ADDRESS <u>Bolivar, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1955

SEP 28 1954

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

Obj. Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md.

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.