

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7044**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Vernon 1082		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Newada		c. CITY OR TOWN Horton	
c. LENGTH OF STAY (in this place) 6 months		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Newada City Hospital		f. STREET ADDRESS (If rural, give location) Route #1 10800	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie	b. (Middle) Dent	c. (Last) Clayton	4. DATE OF DEATH (Month) (Day) (Year) March 9 1955
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5. SEX F	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 6, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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) Mountain Home Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Florence	13b. MOTHER'S MAIDEN NAME Charlotte Johnson	14. NAME OF HUSBAND OR WIFE Lee Clayton
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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.	17. INFORMANT'S SIGNATURE OR NAME James Lee Hunt	ADDRESS Horton, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) None		not know
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **Mar 8, 1955** to **Mar 9, 1955**, that I last saw the deceased alive on **Mar 9, 1955**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Love MD (Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 3-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Missouri
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DATE REC'D BY LOCAL REG. 3-11-1955	REGISTRAR'S SIGNATURE Ormal & Ferris	25. FUNERAL DIRECTOR'S SIGNATURE Ferry	ADDRESS Funeral Home, Nevada, Mo
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. August Ferry*.....

Licensed Embalmer No... *796*

P. O. Address *Nevada*.....

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.