

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21081**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. CITY OR TOWN ELSBERRY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE HOME		No. STREET ADDRESS (If rural, give location) KATIE JANE HOME 0 570 0	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) ALLOWAY	c. (Last) CLAYTON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 15, 1956
-------------------------------------	---------------------------	----------------------------	--------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 23, 1868	9. AGE (In years last birthday) 87	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) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and State or Foreign Country) RFD - FOLEY, Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME ARTHUR CLAYTON	13b. MOTHER'S MAIDEN NAME SARAH CLAYTON	14. NAME OF HUSBAND OR WIFE ETHEL CLAYTON
--	--	--

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 HULOA ALLOWAY - ELSBERRY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		
	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"/>
------------------------	----------------------------------	--

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) 792x
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **3-12, 1956**, to **6-15, 1956** that I last saw the deceased alive on **6-15, 1956**, and that death occurred at **11:40 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 6/16/56
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-17-56	24c. NAME OF CEMETERY OR CREMATORY ELSBERRY CITY	24d. LOCATION (City, town, or county) (State) ELSBERRY, Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 6/25/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] - ELSBERRY, Mo.
---	--	---

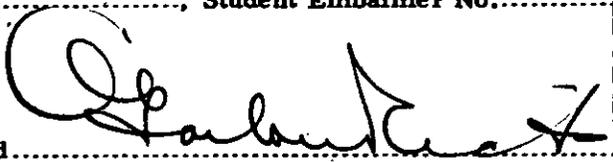
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
AUG 17 1960

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.....


Licensed Embalmer No. 4017

P. O. Address Elsbury

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.