

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23649**
Registrar's No. **3203**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Kansas c. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 WK		e. STREET ADDRESS (If rural, give location) 2449 South 13th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) May	c. (Last) Clayson	4. DATE OF DEATH (Month) (Day) (Year) July 23 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ 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 home	11. BIRTHPLACE (City and State or Foreign Country) Forest City, S.D.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Osborne	13b. MOTHER'S MAIDEN NAME Ella	14. NAME OF HUSBAND OR WIFE Ray Clayson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No.	16. SOCIAL SECURITY NO. 483-46-0983	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ray Clayson (Husband) (KCK)
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 3 yr 1998
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic Anemous of skull & Brain undetermined causes		
	ANTECEDENT CAUSES DUE TO (b) Cerebral sclerosis & Coronary Arteriosclerosis DUE TO (c) Deafness & Multiple Sclerosis		
11. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 7, 1956**, to **July 23, 1956**, that I last saw the deceased alive on **July 22, 1956**, and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Daniel F. Hogan M.D. (Degree or title)	23b. ADDRESS 8012 W 39th KP Mo	23c. DATE SIGNED 7-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 25 1956	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 7-24-56	REGISTRAR'S SIGNATURE Neva Minchall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK
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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..... *May E. Meyer*
Licensed Embalmer No. *455*
P. O. Address *K. E. K.*

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.