

FILED JUN 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16101**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>3 1/2</u> hours		c. CITY OR TOWN <u>Wheaton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincnet's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0050</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carl</u>		b. (Middle) <u>Evin</u>		c. (Last) <u>Clayton</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking Firm</u>		8. DATE OF BIRTH <u>Sept 29 1893</u>		9. AGE (In years last birthday) <u>63</u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Caney Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Will Clayton</u>		13b. MOTHER'S MAIDEN NAME <u>Nora White</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Blanche Laney Clayton</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>459-01-7484</u>		17. INFORMANT'S SIGNATURE OR NAME <u>North Clayton Berry Wheaton 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Creeping Decease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION <u>Chaut 5 hr</u>  INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>				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)			
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 _____, 19____, to <u>March 25</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 25, 1957</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert R. Kelley M.D.</u>				23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>April 5 57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>March 28 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bentonville Cemetery, Bentonville, Arkansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>5-29-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. P.H. Cook</u>		25. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>W. L. Burns Funeral Home: Bentonville, Ark.</u>			

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 657-91

DATE REC: 6-3-57

JUN 5 1957

NOV 20 1957

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 Wm. J. Beum, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. J. Beum  
Licensed Embalmer No. 550

Auth. Lic. #550

P. O. Address Benton

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.