

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018078

STATE FILE NUMBER

2651

DECEASED JUN 11 1958

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WH EATLEY HOSPITAL</b>		Length of stay in lb <b>43 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1215 east 23RD</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>BERT CLAY</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>22</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 8, 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during life) <b>HOUSEMAN CONTINENTAL HOUSE</b>		10b. KIND OF BUSINESS OR <b>HOUSE</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY MO 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>GEO S CLAY</b>	
13b. MOTHER'S MAIDEN NAME <b>FRANCES FLOURNOY</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, month, or unit) (If yes, give dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-16-2760</b>	17. INFORMANT Address <b>FRANCES FLOURNOY 2109 BALES</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acidosis - Diabetic</b>  DUE TO (b) <b>Diabetes</b>  DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH  <b>2604</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <b>February 5, 1958</b> to <b>May 21, 1958</b> and last saw her/him alive on <b>May 21, 1958</b> Death occurred at <b>7 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George H. Jeff, M.D.</b> (Degree or title)		22b. ADDRESS <b>2204 E 18th St Kc Mo.</b>	
22c. DATE SIGNED <b>MAY 26, 58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
23b. DATE <b>5-26-58</b>		23d. LOCATION (City, town, or county) (State) <b>LEAVENSWORTH KANSAS</b>	
24. FUNERAL DIRECTOR <b>WATKINS BROS</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-58</b>	
ADDRESS <b>FUNERAL HOME 18 AND BENTON</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

MEDICAL CERTIFICATE TO BE FILLED BY PHYSICIAN OR OTHER PERSON QUALIFIED TO WRITE IF POSSIBLE

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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 *Ernie P. W. [Signature]* .....

Licensed Embalmer No. 430  
P. O. Address NC 2

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.