

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019577  
State File No.

FILED MAY 28 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5136

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		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 38 Enroute Homer G. Phillips		e. STREET ADDRESS (If rural, give location) 2199 728a N. Taylor	
3. NAME OF DECEASED (Type or Print) a. (First) Rhoda		b. (Middle) Mae	
		c. (Last) Clayton	
4. DATE OF DEATH (Month) (Day) (Year) 5 11 1958			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 9-15-1916
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) West Point, Miss. 1
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Worstar Watkins		13b. MOTHER'S MAIDEN NAME Hattie Johns	14. NAME OF HUSBAND OR WIFE Sam 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Singleton 51 S. 11th St. Newark, N.J.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal Hemorrhage following a shot gun wound of the right shoulder. II. OTHER SIGNIFICANT CONDITIONS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Died of a bullet wound in the hands of one, P. D. Agell, in hands of 728a N. Taylor Ave. May 11th, 1958 at about 215 a.m.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Autopsy 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT OR SUICIDE (Specify) Homicide		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE St. Louis Mo		21. HOW DID INJURY OCCUR? 981x	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 11 58 2a		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 243A m., from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark	
		23c. DATE SIGNED 5-15-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-58	
24c. NAME OF CEMETERY OR CREMATORY West Point, Miss.		24d. LOCATION (City, town, or county) (State) West Point, Miss.	
DATE REC'D BY LOCAL REG. MAY 15 58		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co.		ADDRESS 3100 Franklin Av.	

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *M. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575 Al*.....

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.