

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028132  
STATE FILE NUMBER

Health, & Welfare Public Service  
300  
1-57  
10  
All diseases in Part I must be causally related.

FILED SEP 2 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Lamar</b> <i>00610</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barton Co. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>604 Poplar</b>	
3. NAME OF DECEASED (Type or print) First <b>DELANA</b> Middle <b>LOIS</b> Last <b>CLAY</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>23</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 21, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Dade County, Mo.</b>
13a. FATHER'S NAME <b>Mike Workman</b>		13b. MOTHER'S MAIDEN NAME <b>Lois Fowler</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Clay</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. W. J. Clay,</b> Address <b>Lamar, Mo.</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>Hypertensive Cardiac disease with</b> <b>decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Several years.</b> <b>years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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	COUNTY STATE
21. I attended the deceased from <b>3/12/57</b> to <b>8/23/58</b> and last saw <b>him</b> alive on <b>8/23/58</b> Death occurred at <b>300 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. R. Cain MD</b>		22b. ADDRESS <b>Lamar Mo</b>	22c. DATE SIGNED <b>8/23/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-26-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lamar, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>Chiles Funeral home,</b> ADDRESS <b>Lamar, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 25 '58</b>	26. REGISTRAR'S SIGNATURE <b>Marie Konarty</b>

SEP 3 1958  
1958

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 *Clarence H. Child* .....

Licensed Embalmer No. *3473* .....  
P. O. Address *Janet Mo* .....

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.