

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014212  
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 242 Primary Registration District No. 5830 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>New Madrid</b> TOWN <b>New Madrid</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR <b>New Madrid</b> TOWN <b>New Madrid</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route # 1</b>		Length of stay in lb <b>3 Weeks</b>	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>
3. NAME OF DECEASED (Type or print) <b>ELIHUE</b>		First <b>ELIHUE</b>	Middle <b>(NMI)</b>
		Last <b>CLAYTON</b>	4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 19, 1864</b>
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith</b>	11. BIRTHPLACE (City and state or country) <b>Crittenden County, Ky.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Starling Clayton</b>	
14. MOTHER'S MAIDEN NAME <b>Hatley</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Ivy Blayton Rt. # 1 New Madrid, 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>Senility - Myocardial fatigue</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>491X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>0</b>
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 _____ 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 <b>New Madrid, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>April 13-</b> to <b>April 15-59</b> and last saw her alive on <b>4-13-59</b> Death occurred at <b>7:45 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>O. B. Chandler</b> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>New Madrid, Mo.</b>	
22c. DATE SIGNED <b>2-16-59</b>		22d. SIGNATURE <b>Nathaniel M. Bain</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Matthews Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Matthews, Missouri</b>
24. FUNERAL DIRECTOR <b>Edward E. Nunnelee</b> Nunnelee Funeral Chapel Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. <b>4-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Nathaniel M. Bain</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

*P. J. Casser*

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 *Philip J. Casser*

Licensed Embalmer No. .... 46

P. O. Address Sikeston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.