

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018810

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 125

300
-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 1 Day	d. STREET ADDRESS (If outside, give location) 808 Oak St.
3. NAME OF DECEASED (Type or print) Dr. Calvin		First Middle Last Clay	4. DATE OF DEATH May 15, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR Occupation Medical	9. AGE (In years or UNDER 1 YEAR or UNDER 24 HRS. (At birthday) Months Day Hours Min. 64 6 0
11. BIRTHPLACE (City and state or country) Augusta, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. Hampson S. Clay		13b. MOTHER'S MAIDEN NAME Marie Koch	14. NAME OF HUSBAND OR WIFE Meta Siem Clay
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. N one	17. INFORMANT Address Mrs. Meta Clay, St. Charles, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 8 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis			unknown.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x			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 _____ 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 5/14/59 to 5/15/59 and last saw him alive on 5/15/59 Death occurred at 5:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul H. Lother</i> (Degree or title)	22b. ADDRESS 114 N. Main St. St. Charles, Missouri	22c. DATE SIGNED 5/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 18, 1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Augusta, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue		ADDRESS St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. MAY 16 - 59
		26. REGISTRAR'S SIGNATURE <i>Marcees Wilson</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 26 1959

JUL 28 1959

MS
MAY 11 1960

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 *David P. Bane*

Licensed Embalmer No. *5060*

P. O. Address *St. Charles, 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.