

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021271

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2808 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FLORA REST HOME		Length of stay in 1b 84 YRS.	d. STREET ADDRESS (If outside, give location) 2654 EAST 7TH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MYRTA Middle JOSEPHINE Last CLAYTON			4. DATE OF DEATH Month JUNE Day 6 Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT; 29, 1874
9. AGE (In years last birthday) 84		F UNDER 1 YEAR Months - Days -	IF UNDER 24 HRS Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done in last 12 months of life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) KENDALLVILLE, IND;
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME E. O. LONGFELLOW	13b. MOTHER'S MAIDEN NAME A.A. SCHRER
14. NAME OF HUSBAND OR WIFE PAUL B. 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 LEWIS CLAYTON		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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Atherosclerosis 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"/>		INTERVAL BETWEEN ONSET AND DEATH 1 months 3 years	
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. Month, Day, Year _____			
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		COUNTY STATE	
21. I attended the deceased from 3-29-54 to 6-6-59 and last saw her alive on 6-6-59 Death occurred at 6:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert L. Ward, M.D.		22b. ADDRESS 4126 St John	
22c. DATE SIGNED 6-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/9/59	
23c. NAME OF CEMETERY OR CREMATORY FLORA HILLS		23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
24. FUNERAL DIRECTOR C; H; BLACKMAN & SON INC.		25. DATE RECD. BY LOCAL REG. 6-9-59	
26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert L. Ward

MEDICAL CERTIFICATION

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 *W. C. Quinn*

Licensed Embalmer No. *4879*

P. O. Address *N.C. 776*

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.