RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59–031403
STATE FILE NUMBER

Registration District No. 16 Primary Registration District No. 3004 Registrar's No. 71

DED

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar — Length of stay in 1b: 3 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton County Memorial Hospt — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Milford — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Lamar R#3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ESTA Middle MYRLE Last CLAYTON
4. DATE OF DEATH: Month Sept Day 27 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/24/1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Coffey, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: E. M. Bolar
13b. MOTHER'S MAIDEN NAME: Sarah Shivley
14. NAME OF HUSBAND OR WIFE: Jesse Clayton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jesse Clayton, Address: Lamar, Mo. R#3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia and dropsical condition — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Heart Insufficiency — 6 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 1959, to 9-27-1959 and last saw her/him alive on 3:00 P.M.
Death occurred at 5:26 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E Goldner (degree or title) Edmond Goldner, M.D.
22b. ADDRESS 809 Gulf St., Lamar, Mo.
22c. DATE SIGNED 9-28:59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Sept 30 1959
23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS: Konantz Funeral Home, Lamar, Missouri
25. DATE RECD. BY LOCAL REG.: SEP 30 '59
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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