

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028210

FILED VS. AUG 10 1960

318

Primary Registration District No. 1003

Registrar's No. 7156

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>SOUTH KINLOCK MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>5744 MABLE</b>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<b>CHARLES JOHN CLAY</b>			<b>JULY 14 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLOR</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 11, 1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>10</b> Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LIVINGSTON ALA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>CHARLES C. CLAY</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA SCOTT</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA 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>497-09-2269</b>		17. INFORMANT <b>Emma Clay 5744 Mable</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLUS, SUSPECTED</b>		<b>3-4 HOURS</b>
DUE TO (b) <b>STATUS POST-OPERATIVE EXPLORATORY LAPAROTOMY</b>		<b>6 WEEKS</b>
DUE TO (c) <b>CARCINOMA OF STOMACH</b>		<b>UNKNOWN</b>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		<b>151X</b>	

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.) <b>151X</b>	
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 **MAY 21, 1960** to **JULY 14, 1960** and last saw her/him alive on **JULY 14, 1960**  
Death occurred at **12:35 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>C. O. Vermillion, M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>7/14/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-21-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>BERKLEY 22 MO.</b>	
24. FUNERAL DIRECTOR <b>PRICE UNDERTAKING CO. 2829 WASHINGTON</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 18 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
BATHING PROGRAM

**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 Edward G. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis

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.