

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

ED VS JUL 21 1960

378

4552

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**-60-029460**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Howell</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mtn. Grove</b>		Length of stay in 1b <b>Months</b>		c. CITY OR TOWN <b>Willow Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mtn. Grove Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>W.3rd. St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>PURLEY</b> Middle <b>ORSON</b> Last <b>CLAYTON</b>				4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/19/73</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>13</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Hamden, Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>D.M. Clayton</b>			13b. MOTHER'S MARDEN NAME <del>XXXXXXXXXX</del>		14. NAME OF HUSBAND OR WIFE <b>Cora Lee Clayton</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>None</b>		17. INFORMANT <b>Alice Radford, Willow Spgs, Mo</b> Address _____				
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>Coronary heart disease</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>terminal</b> <b>months</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			
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. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>June 20 - 1960</b> to <b>7/2/60</b> and last saw him alive on <b>7-1-60</b> Death occurred at <b>7:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>R.W. Blumley</i> (Degree or title) <b>Tric</b>				22b. ADDRESS <b>Mtn. Grove, Mo.</b>		22c. DATE SIGNED <b>7-5-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/4/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>		23d. LOCATION (City, town, or county) <b>Willow Springs, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Burns, Willow Springs, Mo.</b>				25. DATE REC'D BY LOCAL REG. <b>7-9-1960</b>	26. REGISTRAR'S SIGNATURE <i>Bernard L. Sherman</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed T. R. Burns

Licensed Embalmer No. 4214  
P. O. Address Willow Springs

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/she also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.