# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 19 1960

—60—031260
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 148

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe — Length of stay in 1b: 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chillicothe Hosp. — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Carroll
c. CITY OR TOWN: Hale, Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Addie — Middle: Belle — Last: Clay

**4. DATE OF DEATH**: Month: Aug. Day: 7 Year: 1960

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: Mar. 27, 1881

**9. AGE** (last birthday): 79 — IF UNDER 1 YEAR: Months: 4 Days: 10 — IF UNDER 24 HR: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife

**10b. KIND OF BUSINESS OR INDUSTRY**: House work

**11. BIRTHPLACE** (City and state or country): Ohio

**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: George Kennedy

**13b. MOTHER'S MAIDEN NAME**: Mary Murlin

**14. NAME OF HUSBAND** ~~OR WIFE~~: Rev. W. W. Clay

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: No.

**17. INFORMANT**: Bill C. Gonder — Address: Mendon, Mo.

**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) | Cerebral anoxia | 7 Days. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Cerebro vascular Accident | 7 Days |
| DUE TO (c) | Generalized arterio sclerosis | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus — Acidosis

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 August 2, 1960, to August 7, 1960 and last saw her/him alive on August 7, 1960
Death occurred at August 7, 1960 — 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: Sam D. Mahaney (Degree or title): D.O.
**22b. ADDRESS**: Chillicothe, Missouri
**22c. DATE SIGNED**: 8-8-60

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 8-10-60
**23c. NAME OF CEMETERY OR CREMATORY**: Hale
**23d. LOCATION** (City, town, or county): Hale, (State): Mo.

**24. FUNERAL DIRECTOR**: Sam P. Leipar & Mendon — ADDRESS:
**25. DATE RECD. BY LOCAL REG.**: Aug. 7, 1960
**26. REGISTRAR'S SIGNATURE**: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — BY AFFIDAVIT OF DOCUMENT

JAN 13 1961

OCT 26 1960

DEC 15 1961

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed S. L. Leipard

Signature of Student Embalmer

Licensed Embalmer No. 397

P. O. Address Mendon

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