

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040891

FILED VS NOV 21 1960
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STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Novinger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Henry Middle Thomas Last Clay			4. DATE OF DEATH Month November Day 11 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/6/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 11 Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wilson Samuel Clay		13b. MOTHER'S MAIDEN NAME Drucella Richardson		14. NAME OF HUSBAND OR WIFE Dora (Bell) Clay	
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. none	17. INFORMANT Address Virgil Clay - Kirksville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE FAT EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH 5 MIN-?- 14 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) FRacture shaft L. Femur	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Injury to face + nose - General Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) FELL FROM ROOF OF BARN	
20c. TIME OF INJURY 2 p.m.	Month, Day, Year 11-10-60		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) FARM	20f. CITY, TOWN, OR LOCATION NOVINGER	COUNTY ADAIR STATE MO

21. I attended the deceased from **11-10-60** to **11-11-60** and last saw him alive on **11-10-60**
Death occurred at **4:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Lee Laughlin</i>	(Degree or title)	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 11-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/13/60	23c. NAME OF CEMETERY OR CREMATORY Cox Cemetery	23d. LOCATION (City, town, or county) Putnam Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Inc., Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 11-12-1960	26. REGISTRAR'S SIGNATURE <i>Doris W Rattiff</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

EARL LAUGHLIN, D.O.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, Mo.

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.