RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11015 — 60-043446 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILL. b. COUNTY: MADISON
c. CITY OR TOWN: Alton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3203 Edsell St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: CARL Middle: RICHARD Last: CLAYTOR
4. DATE OF DEATH: Month NOVEMBER Day 14 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/5/1937
9. AGE (last birthday): 23
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Tri City Grocery
11. BIRTHPLACE (City and state or country): Edwardsville, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gwynne Claytor
13b. MOTHER'S MAIDEN NAME: Amelia Homm
14. NAME OF HUSBAND OR WIFE: Virginia Claytor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 327-30-2837
17. INFORMANT: Mrs. Virginia Claytor, Address: 3203 Edsell St.

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): Aortic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — 18 yrs.
DUE TO (c): 411 X
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 10/8/60, to 11/14/60 and last saw ~~her~~ him alive on 11/14/60
Death occurred at 12:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Hamilton M.D. (Degree or title)
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-17-1960
23c. NAME OF CEMETERY OR CREMATORY: Roselawn Cemetery
23d. LOCATION (City, town, or county) (State): Madison Co., Illinois

24. FUNERAL DIRECTOR: Smith F. Home ADDRESS: Alton, Ill.
25. DATE RECD. BY LOCAL REG.: NOV 15 1960
26. REGISTRAR'S SIGNATURE: Hoad Smith, M.D.

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 Lawrence E. Cutforth, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lawrence E. Cutforth

Licensed Embalmer No. 5538

P. O. Address Alton, Ill.

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