

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026223
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Phelts</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rolla</u>		Length of stay in 1b <u>Dead on Arrival</u>	c. CITY OR TOWN <u>Bourbon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelts Co. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u>		
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Jethro</u> Last <u>Clayton</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>6</u> Year <u>1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 12, 1894</u>	9. AGE (last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minster of the Gospel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist Church Butts</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Clayton</u>	13b. MOTHER'S MAIDEN NAME <u>ANNE HARMON</u>		14. NAME OF DECEASED'S WIFE <u>ANNA E. Keyes Clayton Decd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT <u>Thelma J. Wiesendanger & Charles, Mo.</u>		
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 <u>Minutes</u>	
IMMEDIATE CAUSE (a) <u>Heart Failure</u>						
DUE TO (b) <u>Acute Congestive Failure</u>					<u>12 hrs</u>	
DUE TO (c) <u>Arterio sclerotic Heart Disease</u>					<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. Asthmatic Bronchitis</u>					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 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 _____ to _____ and last saw him alive on <u>6 Aug 1961</u> Death occurred at <u>6:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u> Gordon W. Ruffel M.D.</u>			22b. ADDRESS <u>Bourbon Mo</u>		22c. DATE SIGNED <u>Aug 8 1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 9, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bourbon</u>		23d. LOCATION (City, town, or county) (State) <u>Bourbon MO.</u>		
24. FUNERAL DIRECTOR <u>Norman C. Hoener</u>			ADDRESS <u>Cuba, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 8, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Nadene J. Stoll</u>	

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Norman E. Hoener

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.