

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044578

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 10-02 Registrar's No. 6266

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Owens

**FILED JAN 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 61 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3539 Genessee Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3539 Genessee Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Fred Middle Ernest Last Clayton  
 4. DATE OF DEATH Month Dec. Day 13, Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Apr. 20, 1873 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 10b. KIND OF BUSINESS OR INDUSTRY Armour & Co. 11. BIRTHPLACE (City and state or country) Melton Bowbray, England 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Clayton 13b. MOTHER'S MAIDEN NAME Sarah Johnstone 14. NAME OF HUSBAND OR WIFE Dora Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 17. INFORMANT Address Dora Clayton, 3539 Genessee, K. C., 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) 2nd + 3rd degree burns  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 90% of body  
 DUE TO (c) \_\_\_\_\_  
 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.) Smoking a cigar in an overstuffed chair caught fire

20c. TIME OF INJURY Hour 12-1361 Month, Day, Year 12-1361  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or near home, farm, factory, street, office bldg., etc.) Residence 20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alfred A Owens Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 12-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 12-14-61 23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 12-14-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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 Behon W Macker

Licensed Embalmer No. 5078

P. O. Address KC, 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.