

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014687

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAY 9 1962</b>	
1. PLACE OF DEATH a. COUNTY <u>COOPER</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOONVILLE MO</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>COOPER</u> c. CITY OR TOWN <u>SPEED</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Boonville, mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Willie S. CLAY</u>	
4. DATE OF DEATH Month Day Year <u>5 2 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEG. RO</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>04-7-1878</u>	9. AGE (last birthday) <u>83</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and state of country) <u>Brunston, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry CLAY</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen JACKSON</u>	
14. NAME OF HUSBAND OR WIFE _____	
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>?</u>	
17. INFORMANT <u>Charles CLAY - Speed MO</u> Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction - Acute</u> (b) <u>Chronic Coronary Heart Disease</u> (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <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 <u>4.30.62</u> to <u>5.2.62</u> and last saw him alive on <u>5.2.62</u> Death occurred at <u>4:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Wendell L. Lueders MD</u>	
22b. ADDRESS <u>Pilot Grove, MO</u>	
22c. DATE SIGNED <u>5.4.62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-6-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Boonville MO</u>	
23d. LOCATION (City, town, or county) (State) <u>Boonville MO</u>	
24. FUNERAL DIRECTOR <u>H MAY 814 S. PORTER</u> ADDRESS <u>Boonville MO</u>	
25. DATE RECD. BY LOCAL REG. <u>5-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>W. Hooper</u>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Harold Warren, Student Embalmer No. 651  
working under my personal supervision.

Student Harold Warren  
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425  
P. O. Address Columbus

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.