

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021618

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>SCOTT</u>		a. STATE <u>MO.</u>		b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in 1b		c. CITY OR TOWN <u>Sikeston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. DELTA COMMUNITAS</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>247 N. RANNEY</u>	
3. NAME OF DECEASED (Type or print)		First <u>MARY</u> Middle <u>ELIZABETH</u> Last <u>CLAYTON</u>		4. DATE OF DEATH	
5. SEX <u>Female</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. B. DATE OF BIRTH <u>12/14/1865</u>		9. AGE (last birthday) <u>-96</u>		10. IF UNDER 1 YEAR <u>5</u> Months <u>17</u> Days Hours <u></u> Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Galliton Co. Ill.</u>	
12a. FATHER'S NAME <u>Layton Glover</u>		12b. MOTHER'S MAIDEN NAME <u>Delitha Jane Evans</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT <u>Mrs. W.E. Healey/Bloomington, Ill</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>Pneumonia,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
DUE TO (b) <u>Senility</u>		DUE TO (c) <u></u>		DUE TO (c) <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture both shoulders</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			
17. WAS AUTOPSY PERFORMED? -YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. TIME OF INJURY		Hour <u></u> Month, Day, Year <u></u>			
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>5-26-62</u> to <u>5-31-62</u> and last saw her alive on <u>5-31-62</u>		Death occurred at <u>6:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Sargent, M.D.</u>		22b. ADDRESS <u>808 E. Wakefield Sikeston, Missouri</u>		22c. DATE SIGNED <u>5-31-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/2/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
23d. FUNERAL DIRECTOR <u>Nunnelee</u> ADDRESS <u>Nunnelee Funeral Chapel/Sikeston</u>		23e. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>		23f. DATE RECD. BY LOCAL REG. <u>6-5-1962</u>	
23g. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>					

Permit issued May 31, 1962

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.