MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022575
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 102

FILED JUL 9 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0397
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USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield, Missouri — Length of stay in Hospital: 207 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.S. Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Oklahoma b. COUNTY:
c. CITY OR TOWN: Colbert — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box 74 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Eugene Middle: Alvin Last: Clayton

4. DATE OF DEATH: Month: July Day: 1 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/29/95
9. AGE (last birthday): 66 — 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): Gambler
10b. KIND OF BUSINESS OR INDUSTRY: Tavern operator
11. BIRTHPLACE (City and state or country): Sherman, Texas
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: A. L. Clayton (Deceased)
13b. MOTHER'S MAIDEN NAME: Daisy Potter (deceased)
14. NAME OF HUSBAND OR WIFE: Maude Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1917-1918
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: MCFP Files, Springfield, Missouri — Address:

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriolar nephrosclerosis — years
DUE TO (c): Arteriosclerosis generalized — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Aneurysm of abdominal aorta

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 Dec. 6, 1961, to July 1, 1962 and last saw him alive on July 1, 1962
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE: Jesse D. Harris (Degree or title): Jesse D. Harris, M.D. Clinical Director MCFP
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: 7/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-3-1962
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Sherman Texas.

24. FUNERAL DIRECTOR: w. b. Cantrell ADDRESS: Republic, Mo.
25. DATE RECD. BY LOCAL REG.: 7-2-62
26. REGISTRAR'S SIGNATURE: Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

Springfield Paper mailed 7-2-62

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 William R. Cantrell

Licensed Embalmer No. 4820

P. O. Address Springfield, 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.