

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1950

State File No. 6089
1679

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1679		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 11 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collinsville		1120 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bro's.				d. STREET ADDRESS (If rural, give location) 724 LaSalle				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Clayton			4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 26-1866		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Dirt		11. BIRTHPLACE (State or foreign country) St Clair County, Ills.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Clayton			13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Lena Clayton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irvin Clayton Collinsville Ills.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1155P m., from the causes and on the date stated above.								
23a. SIGNATURE (Type or title) Joseph A. Lasater				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/21/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 23/50		24c. NAME OF CEMETERY OR CREMATORY St Johns		24d. LOCATION (City, town, or county) (State) Collinsville, Ills.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 21 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. M. Schroepel Collinsville, Ills.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Ronald O. Yahnske

Licensed Embalmer No. 39 17

P. O. Address St. Louis 9me

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 this body is not embalmed, fact should be so stated above.