

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17301

FILED JUN 3 1950

State File No. ....

0540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>	c. LENGTH OF STAY (In this place) <u>46 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u> <u>1540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Gordon</u> c. (Last) <u>Clay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1950</u>		
5. SEX <u>Fe</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 21, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Albert Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Adaline Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Clay</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Clay</u>	ADDRESS <u>Odessa, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>History of ill health due to heart disease</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Frank died in bed 8 P.M. Past year</u> <u>Adaline about 12 weeks</u>  DUE TO (b) _____  DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In injury</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT _____ <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/> _____	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:15 P.M. 5-13, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death Result of LA m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin MD</u>	(Degree or title)	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>5-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 17-50</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	DEPUTY REGISTRAR'S SIGNATURE <u>deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u>	ADDRESS <u>Odessa, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 7

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6/2/50

JUN 13 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed William J. Sparks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4431

P. O. Address Odessa, W.

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.