

No. 300
10.48

FILED NOV 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32747**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 424

1. PLACE OF DEATH

a. COUNTY **Butler**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff**

c. LENGTH OF STAY (If in this place) **life**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Poplar Bluff Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Wayne**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Greenville**

d. STREET ADDRESS (If rural, give location) **1110 /**

3. NAME OF DECEASED

a. (First) **George Washington** b. (Middle) **Clay** c. (Last) **Clay**

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 17 1950

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Feb. 11, 1880

9. AGE (In years last birthday) **70** IF UNDER 1 YEAR **8** MONTHS **6** DAYS IF UNDER 24 HRS. **0** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (State or foreign country)
Greenville, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA ✓

13a. FATHER'S NAME
Andrew Clay

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE
Lulu Belle Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY (If yes, give war or dates of service)
498-10-4247

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Lulu Clay, Greenville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary heart disease*

INTERVAL BETWEEN ONSET AND DEATH **1948**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *Certain relations*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
11201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-, 1950, to 10-17, 1950, that I last saw the deceased alive on 10-17, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
[Signature] **MD**

23b. ADDRESS
Poplar Bluff, Mo.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
10/20/50

24c. NAME OF CEMETERY OR CREMATORY
Greenville Cemetery

24d. LOCATION (City, town, or county) (State)
Greenville, Mo.

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE**
Oct 26-1950 *[Signature]*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Greer Croy & Fitch Poplar Bluff, Mo.

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

123
0

RECEIVED

OCT 31 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-450

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 Wallace H Fitch

Licensed Embalmer No. 3859

P. O. Address Pepper Bluff, 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 this body is not embalmed, fact should be so stated above.