

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25850

State File No.

FILED AUG 8 1951

BIRTH NO. 1983957 REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 3074 Registrar's No. 119

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews, Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo Delta Comm Hospt</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lawrence</u>	b. (Middle) <u>Joe</u>	c. (Last) <u>Clayborn</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>7</u> <u>3</u> <u>1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>7/3/51</u>	9. AGE (In years last birthday)	<u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 1 YEAR Hours <u>4</u>	IF UNDER 1 YEAR Mins. <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Clayborn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Virginia Berry</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Clayborn R#3 Matthews, Mo</u>	ADDRESS <u> </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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Birth</u>		
	DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-3, 1951, to 7-3, 1951, that I last saw the deceased alive on 7-3, 1951, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>7/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Matthews</u>	24d. LOCATION (City, town, or county) (State) <u>Matthews, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-26-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25a. FUNERAL DIRECTOR'S SIGNATURE <u>Sherry Jones</u>	ADDRESS <u>Sikeston Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 30 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-16

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..... *John Allerton*

Licensed Embalmer No. 2941

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