

No. 300
10. 48

APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15305
Registrar's No. 2

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 61124

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY PULASKI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL KEISO TWP		c. LENGTH OF STAY (in this place) PASSING THRU	
d. FULL NAME OF HOSPITAL OR INSTITUTION ACCIDENT 1 MI N. ANCELL, MO		d. STREET ADDRESS (If rural, give location) ARK 15 MILE SE OF PERMYVILLE HWY 10	
3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD b. (Middle) EUGENE c. (Last) CLAY			4. DATE OF DEATH (Month) (Day) (Year) APRIL 4, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH Aug 2, 1933
9. AGE (In years last birthday) 18		10. MONTHS 8	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Installer		10b. KIND OF BUSINESS OR INDUSTRY Telephone	11. BIRTHPLACE (State or foreign country) MAUMELLE TWP, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME CHARLES ERNEST CLAY	
13b. MOTHER'S MAIDEN NAME LEXA MC NEELY		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. DON'T KNOW	
17. INFORMANT'S SIGNATURE OR NAME C. P. Clay		ADDRESS BIRCHWOOD, RT# 2 ADK	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Face & Head Hemorrhage 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. E8101 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 100 Scott MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 4 52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Car in which they were riding run under wheel			
22. I hereby certify that I attended the deceased from First Call after death, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Clyde Poe 3 Carver		23b. ADDRESS Sixteen MO	
23c. DATE SIGNED 4/7/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr 8, 1952	
24c. NAME OF CEMETERY OR CREMATORY Martindale Cemetery		24d. LOCATION (City, town, or county) (State) Maumelle Twp Arkansas	
DATE REC'D BY LOCAL REG. 4-11-52		REGISTRAR'S SIGNATURE 300-0	
FURNERAL DIRECTOR'S SIGNATURE		ADDRESS Supply Hosp Funeral Home Elmo, Mo	

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

RECEIVED APR 14 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 452-104

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 Oliver Carmichael

Licensed Embalmer No. 4470

P. O. Address Delmo, 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.