

FILED JUN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. **17530**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5987** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps 0812	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Union		c. CITY (If outside corporate limits, write RURAL and give township) Rolla 1	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED a. (First) Julia		b. (Middle) Ann Davis		c. (Last) Clayton		4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1952							
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 8/28/1869		9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 9 Days 4		11. UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (State or foreign country) Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME James Thomas Davis			13b. MOTHER'S MAIDEN NAME Nancy Jones			14. NAME OF HUSBAND OR WIFE Robert Clayton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X			16. SOCIAL SECURITY NO. X			17. INFORMANT'S SIGNATURE OR NAME Mr. A. W. Davis, Dixon, Missouri			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis								
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Positive malignancy of stomach								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4:20 PM						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **May 26, 1952**, to **June 1, 1952**, that I last saw the deceased alive on **June 1, 1952**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. W. Milligan		(Degree or title) D.O.		23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 6/3/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/1952		24c. NAME OF CEMETERY OR CREMATORY Sheppard Cemetery		24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri	
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DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE Paula Marie Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

~~Date Filed~~
~~File Number~~
6-3-52
Pulaski County Health Officer
RECEIVED

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 _____

June 2, 1952

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Maurice Schierbaum*

Licensed Embalmer No. *4505*

P. O. Address Dixon, Missouri

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.