

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8898**

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4336** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Monroe 0690		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe 0690	
b. CITY OR TOWN Holliday		c. CITY OR TOWN Holliday	
c. LENGTH OF STAY (in this place) 3 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) Frankie b. (Middle) Sandy c. (Last) Clay			4. DATE OF DEATH (Month) (Day) (Year) 3-9-55	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4-3-1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Monroe Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Wm Clay		13b. MOTHER'S MAIDEN NAME Mary Janet Heathman		14. NAME OF HUSBAND OR WIFE Mary Alice Divers	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Monte Vicker		ADDRESS Coro	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Heart Disease		DUE TO (b) MI				MI	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) MI					
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				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 **Sept 2, 1954** to **May**, 1955, that I last saw the deceased alive on **May**, 1955, and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm M. Roberts (Degree or title) MD		23b. ADDRESS St Louis Mo		23c. DATE SIGNED 3-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/13/55		24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Holliday Mo	
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DATE REC'D BY LOCAL REG. 3-14-55		REGISTRAR'S SIGNATURE Edna Robertson		25. FUNERAL DIRECTOR'S SIGNATURE Wm M. Roberts		ADDRESS St Louis Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1955

APR 19 1955

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.....
Signature of Student Embalmer

Signed *Fred G. Thompson*.....

Licensed Embalmer No. *142*

P. O. Address *Madison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.