

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16385

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 159

1. USUAL PLACE OF DEATH (Where deceased lived prior to admission):
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre, Mo
 c. LENGTH OF STAY (in this place)
 c. CITY OR TOWN Bonne Terre
 d. Is Residence within limits of a city or incorporated town? Yes No
 d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital
 STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print)
 a. (First) Clarence b. (Middle) Joseph c. (Last) Claywell
 4. DATE OF DEATH (Month) (Day) (Year) May 21 1955
 5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
 8. DATE OF BIRTH Jan-25-1901 9. AGE (in years last birthday) 54 3 26 0
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director
 10b. KIND OF BUSINESS OR INDUSTRY Undertaking
 11. BIRTHPLACE (City and State or Foreign Country) Flat River, Mo.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ervin M. Claywell 13b. MOTHER'S MAIDEN NAME Sarah Memphis
 14. NAME OF HUSBAND OR WIFE Oliver Madden Claywell
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes 2nd World War
 16. SOCIAL SECURITY NO. 493-10-1397
 17. INFORMANT'S SIGNATURE OR NAME Oliver Claywell ADDRESS Bonne Terre, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection myocardium
 ANTECEDENT CAUSES (b) Arteriosclerotic coronary thrombosis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 4201
 II. OTHER SIGNIFICANT CONDITIONS (c) 2 years
 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 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)
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 8/19, 1953, to 5/21, 1955, that I last saw the deceased alive on 5/21, 1955, and that death occurred at 12:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) John W. Muller M.D. 23b. ADDRESS Bonne Terre, Missouri 23c. DATE SIGNED 5/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE May 23 1955 24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery 24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
 DATE REC'D BY LOCAL REG. May 23, 1955 REGISTRAR'S SIGNATURE Ethel Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE Benjamin F. B. B. Benben
 (Licensed Embalmer's Statement on Reverse Side)

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

956: 13 MIP

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 *B. T. Boyer*.....

Licensed Embalmer No. *26*.....

P. O. Address *Heslog*.....

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.