

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2-1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville Rt #1 c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN Waynesville Rt #1 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Waynesville Rt #1		e. STREET ADDRESS (If rural, give location) - - - -	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Clay			4. DATE OF DEATH (Month) (Day) (Year) July 23 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr. 1 1875		9. AGE (In years last birthday) 80		# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and State or Foreign Country) Henderson Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George W Clay		13b. MOTHER'S MAIDEN NAME Martha Harrington		14. NAME OF HUSBAND OR WIFE Eliza S. Clay	
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 Mrs Rowena Beals ADDRESS Waynesville Rt #1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1-1, 1955, to 7-23, 1955, that I last saw the deceased alive on 7-23, 1955, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE H. E. Hedges (Degree or title) D O		23b. ADDRESS Waynesville Missouri		23c. DATE SIGNED 7/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 26 1955		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
24d. LOCATION (City, town, or county) (State) Waynesville Rural Mo		25. FUNERAL DIRECTOR'S SIGNATURE Betha Hedges ADDRESS HEDGES FUNERAL HOMES INC WAYNESVILLE MO			
DATE REC'D BY LOCAL REG. 7-25-55		REGISTRAR'S SIGNATURE Clara Irene Anderson		458-25	

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

RECEIVED
7-25-55
Pulaski County Health Office
File Number
Date Filed 7-30-55

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 *Clarence Gross*

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

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.