

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9040

910

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				3. STREET ADDRESS (If rural, give location) 2409 EAST 25TH STREET \$395			
3. NAME OF DECEASED (Type or Print) a. (First) CECIL			b. (Middle) C.		c. (Last) CLAYTON		4. DATE (Month) (Day) (Year) OF DEATH FEBRUARY 25, 1956
5. SEX MALE ²	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOVEMBER 11, 1905 ⁴⁹	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) ST. JOSEPH, MISSOURI ⁰		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT CLAYTON			13b. MOTHER'S MAIDEN NAME MITTIS REED		14. NAME OF HUSBAND OR WIFE ARLINE CLAYTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 491108224		17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marked encephalomalacia, bilateral					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of coronary artery with myocardial infarction DUE TO (c) Carcinoma of lung, right Primary					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis, far advanced					162 X A
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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 <u>FEBRUARY 17, 1956</u> , to <u>FEBRUARY 25, 1956</u> , that I last saw the deceased <u>at 6:10 a.m.</u> and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE EUGENE F. HWA, M.D.			(Degree or title) M.D.		23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/1/1956	24c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l Cem.		24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas		
DATE REC'D BY LOCAL REG. 3-1-56		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE Chas. Davis Funeral Home		ADDRESS 1415 Truman Rd. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ludis H. Jackson*.....

Licensed Embalmer No. *480*.....

P. O. Address *K. C. M.*.....

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.