

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31588**

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4403** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY OR TOWN Steele	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 yr		e. STREET ADDRESS (If rural, give location) 417 Kelley Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 417 Kelley Street			

3. NAME OF DECEASED a. (First) HERBERT b. (Middle) ELWOOD c. (Last) CLANTON			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Clanton	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Mattie Christopher Clanton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 192166467	17. INFORMANT'S SIGNATURE OR NAME Edrie Mae Ketchum, Rt. 3, Steele, Mo	ADDRESS Steele, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) H.C.V.D. MYOCARDIAL INFARCT.		INTERVAL BETWEEN ONSET AND DEATH 1 YR.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H.C.V.D.		
	DUE TO (c) _____		
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 420k	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **June**, 19**55**, to **Sept**, 19**56** that I last saw the deceased alive on **2 Sept**, 19**56** and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Ames H. Stinson	23b. ADDRESS Steele, Mo	23c. DATE SIGNED 9/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	24d. LOCATION (City, town, or county) (State) Steele, Missouri
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DATE REC'D BY LOCAL REG. 9-10-56	REGISTRAR'S SIGNATURE L. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith	ADDRESS Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-237-56

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 17 1956

SEP 19 1956

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 *W. Denver Fike*

Licensed Embalmer No. *4484*

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