

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41276**

FILED JAN 2 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **5541** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY OR TOWN <b>Rural-Union Township</b>	c. LENGTH OF STAY (in this place) <b>34 years</b>	c. CITY OR TOWN <b>Near Craig</b>	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 <b>3 miles North Craig - Highway 275</b>		e. STREET ADDRESS (If rural, give location) <b>5 1/2 miles Northeast of Craig</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Robert</b> c. (Last) <b>Clayton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>March 24, 1922</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>On the farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Craig, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Harvey A. Clayton</b>	13b. MOTHER'S MAIDEN NAME <b>Lena E. Nauman</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>yes 1942-1945</b>	16. SOCIAL SECURITY NO. <b>488-22-9488</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Clayton - Craig, Mo.</b>	ADDRESS <b>Craig, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SHOCK &amp; CONCUSSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>None</b>	DUE TO (b) <b>None</b>		
	DUE TO (c) <b>—</b>		

19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Hwy 275 2 1/2 mi. N. Craig</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Craig Holt Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 15 56 30 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>HEAD ON CAR COLLISION.</b>
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22. I hereby certify that I attended the deceased from **N. 10**, 19**56**, to **10**, 19**56**, that I last saw the deceased alive on **Nov. 19**, 19**56**, and that death occurred at **9:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. H. E. Callain, COVENER</b>	23b. ADDRESS <b>Craig, Mo.</b>	23c. DATE SIGNED <b>12/15/56.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Liberty</b>	24d. LOCATION (City, town, or county) (State) <b>Near Craig, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12/24/56</b>	REGISTRAR'S SIGNATURE <b>James Crawford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilber L. Scholer - Craig, Mo.</b>	ADDRESS <b>Craig, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 myself, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wilbur L. Scholes

Licensed Embalmer No. 3997

P. O. Address Craig, 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.