

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2001**

FILED JAN 21 1957

BIRTH NO.		REG. DIST. NO. <b>209</b>	PRIMARY REG. DIST. NO. <b>3043</b>	Registrar's No. <b>19</b>
1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Florida</b> b. COUNTY <b>Sarasota</b>		
b. CITY OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Sarasota</b>	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) <b>10 days</b>		e. STREET ADDRESS (If rural, give location) <b>2928 Stone Land Lane 8098</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>209 Earl St</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 14 - 1957</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>		b. (Middle) <b>Berry</b>	c. (Last) <b>Clay Sr.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 2, 1887</b>	9. AGE (In years last birthday) <b>69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machanist (Ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CB&amp;Q Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montasello, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>Sidney W. Clay</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Green</b>	14. NAME OF HUSBAND OR WIFE <b>Corinne Burke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Clay</b> ADDRESS <b>Hannibal, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Ca of Rt lung &amp; mitralis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>023 XH</b>
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 Dec 1, 1956, to Jan 14, 1957, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:45 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>W.H. Robinson MD</b> (Degree or title)		23b. ADDRESS <b>1001 Hwy Hannibal Mo</b>		23c. DATE SIGNED <b>1-15-57</b>
24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-15-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 16-1957</b>	REGISTRAR'S SIGNATURE <b>W.M. Lucke By Ch. Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joseph Clark</b> ADDRESS <b>Hannibal, Mo.</b>	

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

RECEIVED JAN 18 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 18 1957

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  .....

Licensed Embalmer No. 4217.....

P. O. Address Hannibal, Mo.....

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.