

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 023202
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Slater		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1.4w hiway65 on			Length of stay in 1b 20 hiway	d. STREET ADDRESS Slater R.R.1			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				First	Middle	Last	4. DATE OF DEATH Month Day Year				
Robert Vernon Clay							June 8, 1957				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 14, 1908		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) R.R.1 Slater, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME Clay		14. MOTHER'S MAIDEN NAME Hattie Bausily -Clay					
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. 497-34-3504		17. INFORMANT Lacy Bausley, Marshall, Missouri					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death in automobile								INTERVAL BETWEEN ONSET AND DEATH 5-11-57			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Automobile struck by another car		DUE TO (c) Coughed fire, Gasoline.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car hit in rear by another car, gasoline					
20c. TIME OF INJURY 10:30 p.m.		Hour Month, Day, Year 6-8-57		20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) Hiway 20.		20f. CITY, TOWN, OR LOCATION Marshall Twp, Saline		COUNTY Mo.		STATE Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>											
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE C. L. Lawrence				(Degree or title) M. D. Physician Saline, Mo.		22b. ADDRESS Marshall Mo.				22c. DATE SIGNED 6-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-15-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery				23d. LOCATION (City, town, or county) (State) Slater, Missouri			
24. FUNERAL DIRECTOR George H. Green				ADDRESS Marshall Mo.		25. DATE RECD. BY LOCAL REG. 6-12-57		26. REGISTRAR'S SIGNATURE Cecil J. Reed			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

George H. Green

Licensed Embalmer No. 47

P. O. Address *Nebraska*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.