

Dept. Health,
uc., & Welfare
J. S. Public
Health Service
V. S. 300
Rev. 1-57

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43987
STATE FILE NUMBER
5432
4786
Registrar's No. 54

Registration District No. 114 Primary Registration District No. Registrar's No. 54

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		c. CITY OR TOWN SULLIVAN	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#2 Home		d. STREET ADDRESS (If outside, give location) R.R.#2	
Length of stay in 1b 11 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRANCES E. CLAYTON			4. DATE OF DEATH Month Day Year 12 23 57				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-1-1864		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days 6 22	IF UNDER 24 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) POTMAN CO. TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME JAMES SWALLOWS		13b. MOTHER'S MAIDEN NAME ANN FOSTER		14. NAME OF HUSBAND OR WIFE HENRY CLAYTON			
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. _____		17. INFORMANT Address EMMA RISTER SULLIVAN			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 2 days		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) General Arteriosclerosis		332X
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Death occurred at Jan 1955 to Dec 23, 1957 and last saw her alive on 12/21/57 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deceased or title) Edetaure m	22b. ADDRESS Sullivan, Mo	22c. DATE SIGNED 12/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-26-57	23c. NAME OF CEMETERY OR CREMATORY CAVE SPRING CEMETERY SULLIVAN, MO.	23d. LOCATION (City, town, or county) (State) SULLIVAN, MO.
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24. FUNERAL DIRECTOR N. M. Eaton Sullivan, Mo.	25. DATE RECD. BY LOCAL REG. 12-26-57	26. REGISTRAR'S SIGNATURE James G. Humphrey
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.