

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045068  
STATE FILE NUMBER

33183-58  
REGISTRATION DISTRICT NO. 270 PRIMARY REGISTRATION DISTRICT NO. 3050 REGISTRAR'S NO. 82  
FILED JAN 7 1958

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>1631 East 20th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>LARRY</u> First <u>CLAYTON</u> Middle Last		4. DATE OF DEATH <u>12 26 58</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 13, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Elvis Clayton</u>		14. MOTHER'S MAIDEN NAME <u>Ollie Mae Peoples</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Elvis Clayton</u> Address <u>Caruthersville 1631 E 20th Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> <u>4 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspiration of milk into Bronchus</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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.) <u>9210</u> <u>18</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour <u>8:30</u> Month, Day, Year <u>Dec 26 1958</u>	20d. INJURY OCCURRED WHILE AT <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 <u>Caruthersville</u> COUNTY STATE	21. I attended the deceased from <u>26 Dec 1958</u> to <u>26 Dec 1958</u> and last saw <u>him</u> alive on <u>26 Dec 1958</u> Death occurred at <u>8:30</u> <u>9</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>Trookhead</u>		22b. ADDRESS <u>Caruthersville, Mo</u>		22c. DATE SIGNED <u>12/27/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Magnolia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
24. FUNERAL DIRECTOR <u>T. J. Smith</u> ADDRESS <u>Hays, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 29-1958</u>	26. REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service 300 1-56  
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. Embalmer cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 5 1959

CARDHERSALLIE MO.

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.....

P. O. Address.....

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