

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010325

STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b>		c. CITY OR TOWN <b>Caruthersville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1211 Madison</b>		d. STREET ADDRESS (If outside, give location) <b>1211 Madison</b>	
Length of stay in lb <b>50 yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Georgia</b> Middle <b>Ann</b> Last <b>CLAY</b>			4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15, 1887</b>		9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months <b>5</b> Days <b>20</b> IF UNDER 24 HRS.: Hours <b>20</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Newbern, Tennessee</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>						

13a. FATHER'S NAME <b>Loranza Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Charlie J. Clay</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 Address <b>Mrs. Alberta Mathis, Steele, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) <b>Hypertension</b>			
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 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 <b>3:40</b> Month <b>5</b> Day <b>59</b> Year <b>59</b>					
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 <b>Caruthersville, Mo</b>	
				COUNTY <b>Missouri</b> STATE <b>Missouri</b>	

21. I attended the deceased from <b>2-5-59</b> to <b>12-15-58</b> and last saw her alive on <b>3-5-59</b> 12-15-59 Death occurred at <b>3:40 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Ray J. Claman D.O.</b> (Degree or title)			22b. ADDRESS <b>Caruthersville, Mo</b>		22c. DATE SIGNED <b>3-7-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-8-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>	
24. FUNERAL DIRECTOR <b>John W. German, Hayti, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>3-7-1959</b>		26. REGISTRAR'S SIGNATURE <b>Freddie B. Wilke</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 4355.....

P. O. Address Hayti, Missouri.

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.