URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-029349

STATE FILE NUMBER

FILED VS JUL 28 1960

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Stoddard Liberty Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter — Length of stay in 1b: 21 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS Rfd. 2 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Nannie Middle B. Last Clay
4. DATE OF DEATH: Month July Day 17 Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-24-95
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Stallo, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: P. E. Farish
13b. MOTHER'S MAIDEN NAME: Sue Rogers
14. NAME OF HUSBAND OR WIFE: W. S. Clay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X X X X X X X X
16. SOCIAL SECURITY NO.:
17. INFORMANT: W. S. Clay Address: Dexter, Mo. R. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Collapse	36 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Duodenal Obstruction	2 wks
DUE TO (c)	Carcinoma of Head of Pancreas + Liver	9 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June, 1959 to July 17, 1960 and last saw her alive on 7-17-60
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richeson (Degree or title) M.D.
22b. ADDRESS Dexter, Mo.
22c. DATE SIGNED 7/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-19-60
23c. NAME OF CEMETERY OR CREMATORY: Dexter cemetery
23d. LOCATION (City, town, or county) (State): Dexter, Missouri

24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 6-22-60
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Mark Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter M

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