

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-002430

Registration District No. 272

Primary Registration District No. 5907-4397

Registrar's No. 4

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Permiscaut</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Permiscaut</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steel (Coater) Twp</u>		Length of stay in 1b <u>4 1/2 yrs</u>		c. CITY OR TOWN <u>Steel R#1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Coater Twp</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Lawrence</u> Last <u>Clay</u>				4. DATE OF DEATH Month <u>1</u> Day <u>22</u> Year <u>61</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Caf</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-12-60</u>	
9. AGE (last birthday) <u>41 yrs</u>		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)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>L. P. Clay</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Lee Pick</u>		14. NAME OF HUSBAND OR WIFE	
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>L. P. Clay</u> Address <u>Steel Mo</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>Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.		Month, Day, Year					
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 <u>1-18-61</u> to <u>1-22-61</u> and last saw her/him alive on <u>1-18-61</u> Death occurred at <u>11 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Hym Warrif mo</u> (Degree or title)				22b. ADDRESS <u>Steel Mo</u>		22c. DATE SIGNED <u>1-23-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/24/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Morning Star</u>		23d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Security Funeral Home W. Mfs. Arkansas</u>				25. DATE RECD. BY LOCAL REG. <u>1-26-61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by George Mims, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed George Mims

Licensed Embalmer No. 1148

P. O. Address 112 So 8th W. Memphis, Tenn.

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.