

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010179

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 4436 Registrar's No. \_\_\_\_\_

AMENDED

**FILED APR 12 1961**

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New London</u>		c. CITY OR TOWN <u>New London</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>ELMYRA</u> Last <u>CLAYTON</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1961</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>February 28, 1869</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>New London Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
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13a. FATHER'S NAME <u>Francis Conn Clayton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Houser</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>George Clayton New London Missouri</u>	Address
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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>Apnea</u> DUE TO (b) <u>stroke and old age</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <u>New London Missouri</u>	COUNTY	STATE
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21. I attended the deceased from 1957, to 4-3-61 and last saw her alive on 4-2-61  
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. P. Hansen</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Frankford Mo.</u>	22c. DATE SIGNED <u>4-4-61</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/5/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Barclay Cemetery</u>	23d. LOCATION (City, town, or county) <u>New London Missouri</u>
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24. FUNERAL DIRECTOR <u>W. Crawford Smith Hannibal Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4/6/1961</u>	26. REGISTRAR'S SIGNATURE <u>Colgate C. Wilkey, Jr.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

APR 20 1967

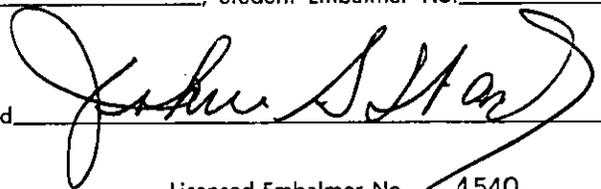
**STATEMENT BY LICENSED EMBALMER**

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. 4540

P. O. Address Hannibal 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.