MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021887
STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 3242 Registrar's No. 25

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown
Length of stay in 1b: 2 days

c. CITY OR TOWN Fredericktown
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 308 Newberry
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Martha, Middle Lydia, Last Clayton

4. DATE OF DEATH: Month June, Day 18, Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-19-1882

9. AGE (last birthday): 78

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:

11. BIRTHPLACE (City and state or country): Perry County, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman B. Blanken

13b. MOTHER'S MAIDEN NAME: Lydia Ann Gentch

14. NAME OF HUSBAND OR WIFE: Doc Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ruby Ballard – Address: Fredericktown, Mo.

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Hyperkalemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Renal Failure, Complete

DUE TO (c) Carcinomatosis (ovarian Tumor)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
None

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 16, 1961, to June 18, 1961 and last saw her alive on June 18, 1961
Death occurred at 5:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. Thomas Ulrich, M.D.

22b. ADDRESS: Fredericktown, Missouri

22c. DATE SIGNED: 6-19-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-20-1961

23c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: H. Swearingen
ADDRESS: Fredericktown, Mo.

25. DATE RECD. BY LOCAL REG.: 6-22-1961

26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

~~JUN 2 8 1961~~

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericton

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.