

CERTIFICATE OF DEATH

STATE FILE NUMBER

124

71 0031498

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 100

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Thomas Ewing Clay			2. Male	3. Aug. 20, 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5. 79	6. 1-12-1892		7a. Cooper
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Boonville			7c. Yes		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA	10. Married		11. Grace Wilson
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 498-36-5660		13a. Farmer		13b. Farming	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
14. Missouri		14b. Moniteau	14c. Jamestown		14d. No
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. John Moore Clay			16. Fannie Hudson		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Grace Clay			17b. Rt. 1 Jamestown, Missouri 65046		
PART I. DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE					
(a) Recurrent myocardial infarction					days
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Arteriosclerotic heart disease					years
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.	20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
20a.	20f.	20g.	20h.		
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	3-20-50 TO 8-20-71	21b.	21c. 8-19-71	21d. not	21e. 9:10P
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
22a.			22b.		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)
23a. B. M. Stuart, M.D.			23b. B. M. Stuart MD		23c. 8/23/71
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
23d. 329 Main Street			23e. Boonville, Missouri 65233		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Removal-Burial	24b. City Cemetery		24c. California, Missouri		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		24d.		
24a. 8-22-1971	24b. Williams Funeral Home 211 S. Oak Calif. Mo. 65018		24c.		
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR
25a.			25b. J. E. Selteneich per mgy		25c. Aug. 25, 1971

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DO NOT WRITE
ON THIS STUB

9. 0
10a. 79
10b. 0
11. 0
12. 1
13. 4109
14. 9
15. 0
16. 0
17. 0
18. 0
19. CREDITS
20. 2-0

SEP 8 1971
SEP 3 1971

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 Wayne A. W. [Signature]

Licensed Embalmer No. 5172

P. O. Address [Signature]

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.