

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5612

State File No.

FILED FEB 21 1955

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. CITY <u>Monterey</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monterey</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		0681	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Roach</u>				d. STREET ADDRESS (If rural, give location) <u>South Roach</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u>		b. (Middle) <u>CLYDE</u>		c. (Last) <u>CLAYWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1965</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 3, 1899</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>6</u>		11. DAYS <u>12</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman / OTS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sim Claywell</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Roselia Decker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roselia Claywell</u> ADDRESS <u>California, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Bronchial Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>5 years</u> <u>30 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-8</u> , 19 <u>53</u> , to <u>2-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>55</u> , and that death occurred at <u>4:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lionel M. Gallaugh M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Missouri</u>		23c. DATE SIGNED <u>2-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monroe</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-55</u>		REGISTRAR'S SIGNATURE <u>H.L. Pappay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Q.E. Wilson</u> ADDRESS <u>California, Mo.</u>			

(Licensed/Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1955

APR 20 1955

APR 20 1955

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
Student Embalmer

Signed _____

G. E. Wilson

Licensed Embalmer No. *2351*

P. O. Address *California, Mex*

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 this body is not embalmed, fact should be so stated above.