

CERTIFICATE OF DEATH

124

68 0021207

DO NOT WRITE
ON THIS STUD

VS 300
Rev. 1/68

Registration District No. 224

Primary Registration District No. 4331

Registrar's No. 25

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Harold Bernard Clay		2. Male	3. May 15 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 54	6. Sept 6 1913	7a. Moniteau
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Near-Jamestown, Mo		7c. Rt # 1- Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Moniteau Co, U.S.A.		9. Berniece (Kempfer) Clay	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. Un Known		13b. Farming	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
14a. Missouri		14b. Moniteau, Jamestown, Mo	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Richard D. Clay		16. Olivia Oerly	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Berniece Clay		17b. Rt # 1. Jamestown, Mo	
PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		18. Myocardial Infarction Less than 12 hours	
(a) DUE TO, OR AS A CONSEQUENCE OF:		(a) according to histology - no necrosis until after death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		(b)	
(c) 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)	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. No	
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20f. LOCATION	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		I DID NOT VIEW THE BODY AFTER DEATH.	
21a. Did not		21b. only	
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.		DEATH OCCURRED (HOUR)	
22a. 21b.		22c. 9:30 p.m.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	
23a. R.B. Fulkerson		23b. R.B. Fulkerson	
MAILING ADDRESS—CERTIFIER		DATE SIGNED (MONTH, DAY, YEAR)	
23c. 516 N. Oak St, California, Mo		23d. 5-17-68	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	
24a. Burial		24b. City Cemetery	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24c. May 18 1968		24d. Bowlin Funeral Home- 100 S Oak - California, Mo-65018	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	
25a. Jack H. Bowlin		25b. Florence H. Kiehl	
DATE RECEIVED BY LOCAL REGISTRAR		25c. May 18-1968	

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.

MAY 28 1968

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

Jack H. Boudin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

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.