

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11368

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE 3	
c. LENGTH OF STAY (In this place) 1 1/2 mo.		d. STREET ADDRESS (If rural, give location) N. Wabash	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID	b. (Middle) J.	c. (Last) CLIFTON	4. DATE OF DEATH (Month) (Day) (Year) April 3 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 18, 1926	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODS MAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Abington, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DK	13b. MOTHER'S M maiden name DK	14. NAME OF HUSBAND OR WIFE DK
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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) NO.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME William R. Clifton, Kirksville, MO.	ADDRESS Kirksville, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (suppurative)		INTELLECT BETWEEN ONSET AND DEATH 2 Weeks
	ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) dehility		
	DUE TO (c) 522X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. broke hip - 4 months			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **15 November 1943**, to **3 April, 1949**, that I last saw the deceased alive on **2 April, 1949**, and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Cooney M.D.	23b. ADDRESS 202 Kirksville MO	23c. DATE SIGNED 4-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-7-49	24c. NAME OF CEMETERY OR CREMATORY Collett Cemetery	24d. LOCATION (City, town, or county) (State) Kirksville, MO.
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DATE REC'D BY LOCAL REG. 4-21-49	REGISTRAR'S SIGNATURE Kato Lambert	FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home	ADDRESS Kirksville, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer

District File Number 44

Date Filed APR 26 1949

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.

Signed

Clarence M. Bills

Student Embalmer

Licensed Embalmer No. 9375

P. O. Address

Kirksville, Md

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.