

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9409

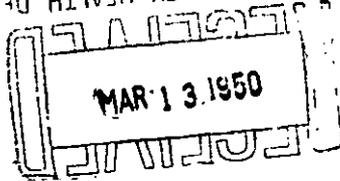
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John

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Johnson.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. LENGTH OF STAY (in this place) 71yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		1567 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 Marshall			d. STREET ADDRESS (If rural, give location) 308, Marshall.		
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn			b. (Middle) P	c. (Last) Clifford	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1950.					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 1873.	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0
IF UNDER 1 YEAR Days 0	IF UNDER 1 MIN. Hours 0	IF UNDER 1 MIN. Mins. 0	11. BIRTHPLACE (State or foreign country) Warrensburg. MO.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Clifford		13b. MOTHER'S MAIDEN NAME Mary Shae		14. NAME OF HUSBAND OR WIFE	
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. no	17. INFORMANT'S SIGNATURE OR NAME James Clifford. ADDRESS Warrensburg. MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Right Central Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH 5 days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <i>Hypertension Cardio-</i>		
			DUE TO (c) <i>Venous thrombosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			197 44 2A		
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) m.		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>March 1, 1950</u> , to <u>March 7, 1950</u> , that I last saw the deceased alive on <u>March 7, 1950</u> , and that death occurred at <u>6 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED March 7, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9, Mar. 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg. MO.	
DATE REC'D BY LOCAL REG. Mar. 7, 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips. ADDRESS Warrensburg. MO.	

JOHNSON COUNTY HEALTH DEPT.



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. 358

working under my personal supervision.

Student Leo P. McQuirk
Student Embalmer

Signed _____

B. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.