

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12203

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry 17011			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Osteopathic Hosp. Crosstown				d. STREET ADDRESS (If rural, give location) Hosp. Crosstown			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Wright		c. (Last) Clifton	
4. DATE OF DEATH April 24, 1950		4. DATE (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 26, 1882	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Clifton		13b. MOTHER'S MAIDEN NAME Elizabeth Rhyna		14. NAME OF HUSBAND OR WIFE Mary Patot Clifton			
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. 496-04-5874		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Clifton, Crosstown, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>					5501
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Acute Gangrenous Ruptured Appendix Operated.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION April 17, 1950		19b. MAJOR FINDINGS OF OPERATION <u>Acute Ruptured Gangrenous Appendix</u>				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) Crosstown Perry Mo.			
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>April 17, 1950</u> , to <u>April 24, 1950</u> , that I last saw the deceased alive on <u>April 24, 1950</u> , and that death occurred at <u>2:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Jewell</u>				23b. ADDRESS <u>D.O.D. 105 S. Spanish Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>April 29, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Crosstown Baptist		24d. LOCATION (City, town, or county) (State) Crosstown, Mo.	
DATE REC'D BY LOCAL REG. 4-29-1950		REGISTRAR'S SIGNATURE <u>L. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Wey</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1950

RECEIVED

MAY 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-630

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 Albert Bey  
Licensed Embalmer No. 3866

P. O. Address Perryville, 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.