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FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35845

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.
c. LENGTH OF STAY (In this place) 2 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 665 South Salt Pond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Davis 8040
d. STREET ADDRESS (If rural, give location) 225 B. Street

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Ellen c. (Last) Clift

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 25-1950

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married

8. DATE OF BIRTH May 17-1893

9. AGE (In years last birthday) 57
IF UNDER 1 YEAR Months 5 Days 8
IF UNDER 24 HRS. Hours 8 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Union

10b. KIND OF BUSINESS OR INDUSTRY Manager of Office

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sherman Clift

13b. MOTHER'S MAIDEN NAME Emma F. Rogers

14. NAME OF HUSBAND OR WIFE Never Married

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. 509-05-7095

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Clift-Marshall, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* complete intestinal obstruction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Colic Intussusception
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. advanced aortic regurgitation

INTERVAL BETWEEN ONSET AND DEATH 10 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1950, to Oct. 25, 1950, that I last saw the deceased alive on Oct. 25, 1950, and that death occurred at p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. L. Macey, D.O.

23b. ADDRESS Marshall Missouri

23c. DATE SIGNED Oct. 27, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 10/27/50

24c. NAME OF CEMETERY OR CREMATORY Walter Bend Cemetery

24d. LOCATION (City, town, or county) (State) Walter Bend, Missouri

DATE REC'D BY LOCAL REG. Oct. 27-1950

REGISTRAR'S SIGNATURE Sidney T. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leola Sussner - Marshall, Mo.

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

RECEIVED 11-1-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 11-1-50

NOV 28 1950

NOV 13 1950

NOV 2 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Leslie Swanson*

Licensed Embalmer No. *3235*

P. O. Address *Marshall, W.*

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.