

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36972

State File No.

FILED NOV 25 1950

4666

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 47 yrs		d. STREET ADDRESS (If rural, give location) 4436 Genesee	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Convelescent Home			

3. NAME OF DECEASED (Type or Print) Thomas J. CLIFFORD			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal		11. BIRTHPLACE (State or foreign country) Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME John Clifford		13b. MOTHER'S MAIDEN NAME Hannah Shay		14. NAME OF HUSBAND OR WIFE Margaret Elizabeth Clifford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret E. Clifford ADDRESS K.C. Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Combined Degeneration of the Spinal Cord ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Articular Sclerosis DUE TO (c) Sporadic Paralysis of Lower Extremities II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis of Spinal Cord				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 10 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Central nervous system 334X		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) (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 Jan 25, 1925, to Nov 6, 1950, that I last saw the deceased alive on June, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Don Carlos Peete MD (Degree or title)		23b. ADDRESS 1500 Professional Bldg.		23c. DATE SIGNED 11-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7-50		24c. NAME OF CEMETERY OR CREMATORY Calvary	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 11-6-50		REGISTRAR'S SIGNATURE Melody McGilley-Eylar		25. FUNERAL DIRECTOR'S SIGNATURE Melody McGilley-Eylar ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

4

Dr. Don Carlos Rector
Prof. Eldo J.
Willis

CASE

HOSPITAL NO.

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

Glen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.