

FILED DEC 11 1950

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39571

040

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>4508</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salena Mo. R. 2</u>		c. LENGTH OF STAY (in this place) <u>brief life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salena Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0661 S. 3rd St. Salena Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)			b. (Middle) <u>Clifton</u>		c. (Last) <u>Clifton</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21-1950</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 18 1877</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stone Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		13a. FATHER'S NAME <u>Robert Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Coffey</u>		14. NAME OF HUSBAND OR WIFE <u>James Clifton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wess Stephens Salena Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Measles</u>				<u>1 1/2</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>293X</u>	
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)		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>19m</u> , 19 <u>50</u> , to <u>21 Nov</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>15 Nov</u> , 19 <u>50</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mary Ann MSP.</u>				23b. ADDRESS <u>Salena Mo</u>		23c. DATE SIGNED <u>24 Nov 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kimberly Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salena Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24-50.</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett C. Cheatham</u>			
				ADDRESS <u>Salena</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

RECEIVED DEC 6 1950

Dist. File 1250 2459

Date Filed 12 8 -50

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Everett J. Cheatham

Licensed Embalmer No. 8870

P. O. Address Salina 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.