

FILED NOV 13 1951

STANDARD CERTIFICATE OF DEATH

34658

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5997 Registrar's No. 67

1. PLACE OF DEATH (Review Rest Home) a. COUNTY Putnam Co. Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam OK 60	
b. CITY (If outside corporate limits, write RURAL and give township): TOWN Rural <u>Wilson</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Worthington 0	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairview rest Home		3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Clifton	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1951		5. SEX F / 6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1857-9-15	
9. AGE (in years) (last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Homes Keeper	
11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Bill Cain		13b. MOTHER'S MAIDEN NAME Martha Whitworth	
14. NAME OF HUSBAND OR WIFE Isaac Clifton Dec.		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 ADDRESS Dee Whitworth Worthington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Degenerative Myocarditis</u> ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Hypertensive Pneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Sept 25, 1951</u> , to <u>Oct 17, 1951</u> , that I last saw the deceased alive on <u>Oct 17, 1951</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Thas L. Husted D.O.</u>		23b. ADDRESS <u>Unionville Mo</u>	
23c. DATE SIGNED <u>10/18/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>October 21</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Grayville Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-1-51</u>	
REGISTRAR'S SIGNATURE <u>Marvell Dunbar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husted &amp; Son</u>	
ADDRESS <u>266</u>		ADDRESS <u>Unionville, Mo</u>	

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4

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

Date Received: NOV 6 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-1984  
Date Filed: NOV 8 1957

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

*F. O. Hursted*

Licensed Embalmer No. 2975-

P. O. Address *Unionville N.C.*

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.