

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40424  
Registrar's No. 81

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075

1. PLACE OF DEATH a. COUNTY, Stoddard 1021		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 1031	
c. LENGTH OF STAY (in this place) 65 yr.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Walter c. (Last) Clifford		4. DATE OF DEATH 11-12-51 (Month) (Day) (Year)	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1875
9. AGE (In years, last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Shawneetown, Ill. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Agusta E. Clifford		13b. MOTHER'S MAIDEN NAME Mary Jane Shirley	
		14. NAME OF HUSBAND OR WIFE Maude Clifford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X X		16. SOCIAL SECURITY NO. X X	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Clifford Dexter, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Chronic Hypertension, Myocardial Infarction, Bronchitis</i> INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i> <i>3 weeks</i> <i>8 yrs</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		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) 526X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 1, 1948, to 11-12-51, that I last saw the deceased alive on 11-10-51, and that death occurred at 6 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Maude Clifford</i>		23b. ADDRESS 96 Wood Ave	
		23c. DATE SIGNED 11-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-51	
24c. NAME OF CEMETERY OR CREMATORY Dexter, cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 11-14-51		REGISTRAR'S SIGNATURE <i>Nebraska L. Jenkins</i> 404	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.	

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

RECEIVED

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DISTRICT HEALTH OFFICE No. 6

File No.....

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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

*Walter Marsh Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.