

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1965

LED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 10

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, 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 Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Johnson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Centerview, 0510
 d. STREET ADDRESS (If rural, give location) R.R. I, Centerveiw, Mo. 0

3. NAME OF DECEASED
 a. (First) Mary Ellen b. (Middle) Clifton c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH April 18, 1878
 9. AGE (in years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Tennessee, 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Milford F. Hughes, 13b. MOTHER'S MAIDEN NAME Fannie M. Elrod, 14. NAME OF HUSBAND OR WIFE James Milton Clifton,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Milton Clifton, ADDRESS Centerview, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza
 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 NO
 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 481X 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 4 Jan, 1953, to I-14-, 1953, that I last saw the deceased alive on I-14-, 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

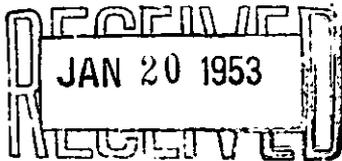
23a. SIGNATURE D. Seed (Degree or title) M.D. 23b. ADDRESS Warrensburg, Missouri 23c. DATE SIGNED I-15-53

24a. BURIAL / CREMATION, REMOVAL (Specify) Burial 24b. DATE I-16-53 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

DATE REC'D BY LOCAL REG. Jan 15, 1953 REGISTRAR'S SIGNATURE Savannah Autbelcke 25. FUNERAL DIRECTOR'S SIGNATURE R.A. Brauninger, ADDRESS Warrensburg, Missouri

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

1512



JOHNSON COUNTY HEALTH DEPT.

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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed RMB
.....

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.