

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24699
3495

State File No.

FILED JUL 28 1953

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

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

| | | | |
|---|---------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | d. STREET ADDRESS (If rural, give location) <u>2806 Madison</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>J.</u> c. (Last) <u>Clifford</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 10 1953</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Jan II, 1886</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BlackSmith</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R. R.</u> | |
| 11a. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Daniel Clifford</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Healy</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Catherine J. Clifford</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u> | |
| 16. SOCIAL SECURITY NO. <u>702-07-5815</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Daniel J. Clifford JR. 2806 Madison</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cardiac failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Operative procedure</u> DUE TO (c) <u>Volvulus</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | |
| 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>July 2</u> , 19 <u>53</u> , to <u>July 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>53</u> , and that death occurred at <u>1:20Pm.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>24th & Cherry</u> | |
| 23c. DATE SIGNED <u>7-10-53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>7, 15, 53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kans. City; MO.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk & Robin Co. KANS CITY, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-14-53</u> | | REGISTRAR'S SIGNATURE <u>Gerald Smith</u> | |

Dr. Chamberlain

10-40-00

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Forest D. Leadenow*

Licensed Embalmer No. *4714*

P. O. Address *N. C. 7ms.*

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.