

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4106

State File No. 28020

FILED AUG 17 1953

BIRTH NO. REG. DIST. NO. 5996 PRIMARY REG. DIST. NO. 5229 Registrar's No. 119

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strasburg | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strasburg | |
| c. LENGTH OF STAY (in this place) 10 yrs | | d. STREET ADDRESS (If rural, give location) Main St | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION main St of Strasburg | | | |

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|---|--|-----------------------------------|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD | | b. (Middle) GUY | | c. (Last) WALLEY | | 4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1953 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 1-8-1890 | |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months | | IF UNDER 1 MRS. Hours | | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Amsterdam, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---------------------------------|--|---|--|-------------------------------------|--|
| 13a. FATHER'S NAME Alvin Walley | | 13b. MOTHER'S MAIDEN NAME Rebecca Huffman | | 14. NAME OF HUSBAND OR WIFE unknown | |
|---------------------------------|--|---|--|-------------------------------------|--|

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|--|--|--------------------------------------|--|--|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes | | 16. SOCIAL SECURITY NO. Alvin's know | | 17. INFORMANT'S SIGNATURE OR NAME Hattie Rosser Ansterdam, Mo. | | ADDRESS | |
|--|--|--------------------------------------|--|--|--|---------|--|

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|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck | | | | Instant | |
| | | ANTECEDENT CAUSES | | | | | |
| | | * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | |
| | | Morbidity 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. hit by motor car | | | | | |

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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION E 8124 25 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|--|--|--|--|

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|---|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) Strasburg (COUNTY) Cass (STATE) Missouri | |
| 21d. TIME OF INJURY (Month) 8 (Day) 7 (Year) 1953 (Hour) P m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Struck by motor car | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:10 P m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|-------------------|--|--|--|--|--|
| 23a. SIGNATURE John Edwin 'Shriff' Acting Coroner | | (Degree or title) | | 23b. ADDRESS Heavensville, Mo. | | 23c. DATE SIGNED 8-7-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-9-53 | | 24c. NAME OF CEMETERY OR CREMATORY Strasburg Cem | | 24d. LOCATION (City, town, or county) (State) Strasburg, Mo. | |

| | | | | | | | |
|---------------------------------------|--|---------------------------------------|--|--|--|---------|--|
| DATE REC'D BY LOCAL REG. AUG 11, 1953 | | REGISTRAR'S SIGNATURE Doris Barwarden | | 25. FUNERAL DIRECTOR'S SIGNATURE Allen | | ADDRESS | |
|---------------------------------------|--|---------------------------------------|--|--|--|---------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

0190

RECEIVED
AUG 15 1937
CASS COUNTY
HEALTH DEPARTMENT

SEP 20 1937

SEP 16 1937

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen Burdick

Licensed Embalmer No. 3785

P. O. Address Plumsted Hill

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.