

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43810

State File No.

FILED DEC 30 1953

91049

BIRTH NO. ... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 121

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

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville, Mo.		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		
d. FULL NAME OF HOSPITAL OR INSTITUTION PerryvCo. Memorial Hospital			d. STREET ADDRESS Rural		

3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) B. c. (Last) Clifton			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1953	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Hours 5	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perryville, Missouri	12. CITIZEN OF WHAT COUNTRY? C
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13a. FATHER'S NAME Bernard Clifton	13b. MOTHER'S MAIDEN NAME Wilhelmina Unterreiner	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bernard Clifton	ADDRESS Perryville R3, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 580 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-4, 1953**, to **12-9, 1953** that I last saw the deceased alive on **12-9, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Felth	(Degree or title) MD	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 12-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Missouri
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DATE REC'D BY LOCAL REG. Dec 13 1953	REGISTRAR'S SIGNATURE Joe J. Zellmer	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons	ADDRESS Perryville, Mo.
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This Body was not Embalmed.

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 *Emil Berglund*

Licensed Embalmer No. *2538*

P. O. Address *Permyville 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.