

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22866

State File No.

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS,</u>		c. LENGTH OF STAY (In this place) <u>22 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS,</u>		d. STREET ADDRESS (If rural, give location) <u>742 Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS (If rural, give location) <u>046/0</u>			
3. NAME OF DECEASED (Type or Print) <u>LOIS LEONA CLIFT</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH		(Month) (Day) (Year)		
<u>7-25-54</u>			5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>			8. DATE OF BIRTH <u>2-5-1899</u>		9. AGE (In years last birthday)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>ASH FLAT, ARKANSAS</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13a. FATHER'S NAME <u>S. J. RITCHIE</u>		13b. MOTHER'S MAIDEN NAME <u>ELVA HUFFMAN</u>		
14. NAME OF HUSBAND OR WIFE <u>C. W. CLIFT.</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>C. W. CLIFT, WEST PLAINS, MO</u>			17. INFORMANT'S SIGNATURE OR NAME		ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, Metastatic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>			DUCE TO (b) <u>ADENO-CARCINOMA OVARY</u>			DUCE TO (c) <u>2 YEARS</u>	
19a. DATE OF OPERATION <u>July 1952</u>			19b. MAJOR FINDINGS OF OPERATION <u>ADENO-CARCINOMA OVARY-</u>			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)			
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>3-10, 1954</u> , to <u>7-25, 1954</u> , that I last saw the deceased alive on <u>7-21, 1954</u> , and that death occurred at <u>6:15 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clark R. Wilcox, M.D. West Plains, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>7-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, MO</u>	
DATE REC'D BY LOCAL REG. <u>8-4-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS</u>		ADDRESS <u>WEST PLAINS, MO</u>	

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

SEP 14 1958

SEP 28 1958

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 _____

Licensed Embalmer No. 3137

P. O. Address West Haven

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.