

FILED MAR 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1500

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5534 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Forest City (rural) Forest, twp 5waeka</u>		c. CITY OR TOWN <u>Forest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Jane</u> c. (Last) <u>Clift</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 22, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 1, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellison</u>		14. NAME OF HUSBAND OR WIFE <u>Corbin Clift</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Worth Anno Forest City Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Heart Block</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
		DUE TO (b) <u>Coronary Occlusion</u>			
		DUE TO (c) <u>Coronary Thrombosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>			<u>1 year</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>if 201</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) (Min)		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 Aug 10, 1953, to Feb 22, 1955, that I last saw the deceased alive on Feb 22, 1955 and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Isaac J. Sweeney</u> <u>469</u> (Degree or title)		23b. ADDRESS <u>0 m.d. Oregon, Missouri</u>		23c. DATE SIGNED <u>2/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benton</u>	
				24d. LOCATION (City, town, or county) (State) <u>Forest City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2/29/1955</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Pillsbury Oregon Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *James W Pettigrew*.....
Licensed Embalmer No. *3192*.....
P. O. Address *Oregon 70*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.