

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30342**

FILED OCT 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5920** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Union Twp.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Rural Union Twp.</b> <b>0790</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>P.</b> c. (Last) <b>Clifton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 15, 1874</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George J. Hoffman</b>		13b. MOTHER'S MAIDEN NAME <b>Sophonra Clifton</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph F. Clifton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Earl Ramsey Menfro Rt 1, Mo.</b>	
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) <b>Carcinoma (Hepatic)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2 mny to operated</b> DUE TO (c) <b>Ca. 3 yrs ago</b> 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	
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 <b>1952</b> , 19 to <b>Sept 14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Sept 12</b> , 19 <b>55</b> , and that death occurred at <b>1:00 A. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Dr. W. W. ...</b>		23b. ADDRESS <b>55 Perrywell</b>	
23c. DATE SIGNED <b>9/15/55</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sept. 16, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>York Chapel Methodist</b>	
24d. LOCATION (City, town, or county) (State) <b>Perry County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville mo</b>	
DATE REC'D BY LOCAL REG. <b>9-16-55</b>		REGISTRAR'S SIGNATURE <b>Joe J. ...</b>	

(Licensed Embelmer's Statement on Reverse Side)

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

10.300  
0.48

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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..... *Wallace Young* .....

Licensed Embalmer No. *702*

P. O. Address *Perry*

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.