

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31944

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>	c. LENGTH OF STAY (in this place) <u>50 yr</u>	c. CITY OR TOWN <u>Slater</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 <u>XXXXXXXXXXXXXXXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>413 Locust</u> <u>097/0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Wilbert</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Clifford</u>	Sept.	18	1955

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 22nd 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired R.R. conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peterboro, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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3a. FATHER'S NAME <u>William Clifford</u>		13b. MOTHER'S MAIDEN NAME <u>Tressa Pickard</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>709-12-0094</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Blackman</u>		ADDRESS <u>Slater-Mo.</u>	
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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) <u>Myocardial Infarction</u>	DUPLICATE OF (b) <u>Coronary Insufficiency</u>			<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE OF (c) <u>Inst. Internal report</u>			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or on a bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 8-6, 1955 to 9-17, 1955, that I last saw the deceased alive on 9-17, 1955 and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. L. LaCrosse, M.D.</u>		23b. ADDRESS <u>Slater Mo</u>	23c. DATE SIGNED <u>9-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/20/55</u>	REGISTRAR'S SIGNATURE <u>Mo. Earl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>	ADDRESS <u>Slater Mo</u>
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DEC 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. C. Hill*

Licensed Embalmer No.

P. O. Address *Sta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.