

FILED DEC 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36123**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5135		Registrar's No. 34		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quin <i>North 14 1/2 W</i>		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quin		<i>120</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Quin, Missouri Rt 2				d. STREET ADDRESS (If rural, give location) Route 2				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ANDERSON c. (Last) CLIFTON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 29 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8 1886		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR 1 MONTHS		IF UNDER 1 YEAR 21 DAYS		IF UNDER 1 YEAR 0 HOURS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Dunklin County, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jack Clifton		13b. MOTHER'S MAIDEN NAME Donna Cunningham		14. NAME OF HUSBAND OR WIFE Eugene Clifton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Homer Clifton Quin Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis					15 yrs	
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221						
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 15 Mar 1953 to 29 Dec 1955 , that I last saw the deceased alive on 28 Dec 1955 and that death occurred at 7:00 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Cynthia A. Post M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 2 Dec 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE N Dec. 1 1955		24c. NAME OF CEMETERY OR COLLEMATORY Corola Cemetery		24d. LOCATION (City, town, or county) (State) Quin, Missouri		
DATE REC'D BY LOCAL REG. 12/5/55		REGISTRAR'S SIGNATURE R. D. McKeithen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home Campbell, Mo.				

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

RECEIVED
DEC 17 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

OCT 23 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 *Christina M. Lunde*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.