

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16007

State File No.

FILED JUN 8 1956

BIRTH NO.		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4191</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u> <u>0370</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>			
b. CITY OR TOWN <u>GASCONADE</u>		c. LENGTH OF STAY (in this place) <u>60975</u>		c. CITY OR TOWN <u>GASCONADE</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BANK ST</u>				e. STREET ADDRESS (If rural, give location) <u>BANK ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>ENA</u>		b. (Middle) <u>ADELLIA</u>		c. (Last) <u>CLIFTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 29-1896</u>	
9. AGE (In years, last birthday) <u>81</u>		10. a. 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>HOUSEHOLD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>		13a. FATHER'S NAME <u>Joseph F. LAUGHLIN</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE LAUGHLIN</u>		14. NAME OF HUSBAND OR WIFE <u>Woyd CLIFTON SR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Woyd C. CLIFTON JR</u>		ADDRESS <u>GASCONADE Mo</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
19a. DATE OF OPERATION <u>July 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the uterus with metastases</u>				20. AUTOPSY? YES ☐ NO ☒	
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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-4-55</u> , 19____, to <u>5-21-56</u> , 19____, that I last saw the deceased alive on <u>5-18-56</u> , 19____, and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carol T. Shaw, M.D.</u>				23b. ADDRESS <u>Hermann, Missouri</u>		23c. DATE SIGNED <u>5-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GASCONADE Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>GASCONADE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-56</u>		REGISTRAR'S SIGNATURE <u>Delma Gerken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Shuman</u>		ADDRESS <u>Hermann Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS
JAN 2 6 1937

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.....

Licensed Embalmer No. 316

P. O. Address Hermann

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.