

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21412

State File No.

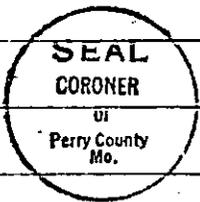
BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Salem TWP</u>		c. CITY OR TOWN <u>Rural Salem TWP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Menfro Rte #1</u>		e. STREET ADDRESS (If rural, give location) <u>Menfro Rte #1</u> 01900	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J</u> c. (Last) <u>Clifton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 15, 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Marion Clifton</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Cashion</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Hoffman</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW #1</u>	16. SOCIAL SECURITY NO. <u>492-42-0976</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Clifton</u> ADDRESS <u>Menfro Rt #1, Mo.</u>	
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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>Crushed Skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home near hwy</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Salem Twp</u> (COUNTY) <u>Perry</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1956 2:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Overturned Tractor near wheel crushing skull</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____ of Perry County, Mo., that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner of Perry County, Mo.</u>	23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>6-1-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>York Chapel Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Perry County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo.</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

0790

25

MAY 19 1956

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. *402*

P. O. Address *Perryville*

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.