

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23652

State File No.

2737

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 28 Years		e. STREET ADDRESS (If rural, give location) 17 619 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3. NAME OF DECEASED (Type or Print) a. (First) Cornelius b. (Middle) Clift c. (Last) Sr.			4. DATE OF DEATH (Month) (Day) (Year) June 22 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4 Jan. 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY K. C. Blind Ass.		11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME L. C. Clift		13b. MOTHER'S MAIDEN NAME Elizabeth Musgrove		14. NAME OF HUSBAND OR WIFE Golda Clift	
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. 496-09-1155		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Burnell 2011 Ralston, K.C. Mo	

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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exact Cause of Death unknown DUE TO (b) Injury to head & back DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 89020 21	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Part Blurred		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Kansas City		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6:22 56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from 3rd story balcony	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3		23b. ADDRESS 1034 Crafts Bldg		23c. DATE SIGNED 6-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 25 June 1956		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.			

DATE REC'D BY LOCAL REG. 6-23-56		REGISTRAR'S SIGNATURE Neva Minshell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Gardens K.C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 20 1956

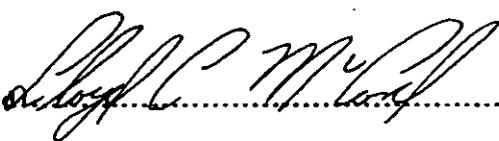
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4853

P. O. Address K. C. M.

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.