

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5710**

FILED MAR 14 1957

No. 300
10.48

0790

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5913** Registrar's No. **14**

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Menfro | | c. CITY OR TOWN Menfro 0790 | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Wanda | b. (Middle) Lee | c. (Last) Clifton | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1957 |
|-------------------------------------|-------------------------|------------------------|--------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|-----------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Jan. 15, 1939 | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|-----------------|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Menfro, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Thomas Clifton | 13b. MOTHER'S MAIDEN NAME Martha Bass | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME Thomas Clifton | ADDRESS Menfro, Missouri |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute myocardial failure | | 18 yrs |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital heart (pulmonary STENOSIS) DUE TO (c) Inward | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 7546 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 2 |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **1945** to **2-12**, 1957, that I last saw the deceased alive on **2-11**, 1957 and that death occurred at **8:30** p.m., from the causes and on the date stated above.

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| 22a. SIGNATURE (Name or title) Dr. Friedman | 22b. ADDRESS Dr. Jewell, Mo. | 22c. DATE SIGNED 2/13/57 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 15, 1957 | 23c. NAME OF CEMETERY OR CREMATOR Bethlehem Baptist Cem. | 23d. LOCATION (City, town, or county) (State) Crosstown, Missouri |
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| DATE REC'D BY LOCAL REG. 2-15-57 | REGISTRAR'S SIGNATURE Joe J. Zellner | 25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Jewell Mo. | ADDRESS |
|---|---|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

250

MAR 14 1957

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 *Walter J. Young*

Licensed Embalmer No. 402

P. O. Address *Perry*

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.