V.S. No. 300
Rev. 10.48

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

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9023

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Prairie
c. LENGTH OF STAY (In this place) 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8311 Pershing Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Prairie 7000
d. STREET ADDRESS (If rural, give location) 8311 Pershing Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) Sherman
b. (Middle) Henry
c. (Last) Clifton

4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Dec. 25, 1867
9. AGE (In years last birthday) 89 — If under 1 year: Months ____ Days ____ — If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Labor
11. BIRTHPLACE (State or foreign country) Stahl, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harvey Clifton
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mollie Clifton Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mr. Gilmore, 8311 Pershing rd. **ADDRESS** Lee's Summit, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3-5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 15 yrs

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 443X
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* 5-28, 19[illegible], *to* 3-23, 1957, *that I last saw the deceased alive on* 3-23, 1957, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS Grain Lemmon MD
23c. DATE SIGNED 3-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-23, 1957
24c. NAME OF CEMETERY OR CREMATORY Daniel Cemetery
24d. LOCATION (City, town, or county) (State) Kirkville, Missouri

DATE REC'D BY LOCAL REG. 3-23-57
REGISTRAR'S SIGNATURE D. B. Longford
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] **ADDRESS** Fosters Memorial Home, Kirksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

4830

RECEIVED
APR 2 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed N. B. Langford Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4962

P. O. Address Leicester Summit, N

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.