

FILED OCT 1 1957

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5285		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Clark c. CITY OR TOWN to 230			
b. CITY (If outside corporate limits, write RURAL and give TOWN Fairmont)		c. LENGTH OF STAY (in this place) Always		c. CITY OR TOWN Fairmont		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Clifton			4. DATE OF DEATH (Month) (Day) (Year) September 22 1957				
5. SEX M O W		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) ✓		8. DATE OF BIRTH Sept. 20, 1884	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY ✓		9. AGE (In years last birthday) 73	
11. BIRTHPLACE (City and State or Foreign Country) Williamstown Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William A. Clifton		13b. MOTHER'S MAIDEN NAME Matha A. Stetch	
14. NAME OF HUSBAND OR WIFE Laura Ann Clifton		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. no		17. INFORMANT'S SIGNATURE OR NAME Laura Ann Clifton, Weyssand, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 177X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan , 1957, to Sept , 1957, that I last saw the deceased alive on Sept 21, 1957 , and that death occurred at 2:30am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. C.E. Todd DO 2				23b. ADDRESS Williamstown mo		23c. DATE SIGNED 9/24/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 24, 1957		24c. NAME OF CEMETERY OR CREMATORY Fairmont		24d. LOCATION (City, town, or county) (State) Fairmont, Missouri	
DATE REC'D BY LOCAL REG. 9/26-57		REGISTRAR'S SIGNATURE J. W. Bridges		FUNERAL DIRECTOR'S SIGNATURE Walter & Herbert Memphis		ADDRESS	

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

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.....
Fred Gerth

Licensed Embalmer No. *42*

P. O. Address *Waco, Tex*

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.