

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040513  
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Med. Center 16 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>714 W. Market</b>	

3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>EDWIN</b> Last <b>CLIFTON</b>			4. DATE OF DEATH Month <b>November</b> Day <b>17</b> Year <b>1958</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 22 1881</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>			11. BIRTHPLACE (City and state or country) <b>Johnson County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>Isaac Morton Clifton</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Sanders</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Beulah Mae Clifton</b>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-24-9871</b>		17. INFORMANT <b>Mrs. Beulah Mae Clifton, Warrensburg, Mo.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Acute Coronary artery insufficiency</b>								INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Coronary arteriosclerosis + Angina</b>		DUE TO (c)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>											

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>			COUNTY STATE		
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21. I attended the deceased from <b>10-1-58</b> , to <b>11-17-58</b> and last saw <sup>her</sup> him alive on <b>November 17, 1958</b> Death occurred at <b>11:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
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22a. SIGNATURE <b>Phel Cooper</b> (Degree or title) <b>M.D.</b>						22b. ADDRESS <b>Warrensburg, Missouri</b>			22c. DATE SIGNED <b>11-18-58</b>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-20-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>		
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24. FUNERAL DIRECTOR <b>B.A. Brauninger, Warrensburg, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 19, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Savannah Hutchfield</b>			
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

R. Lee Cooper, M.D.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Richard F. McRonald*

Licensed Embalmer No. *4825*

P. O. Address *Warrensburg*

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.