

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001242

STATE FILE NUMBER 292

Registration District No. 149 Primary Registration District No. 10.02 Registrar's No. 292

FILED FEB 5 1959

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, give TOWNSHIP only) TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS (If outside, give location) 2611 LISTER	
Length of stay in lb 53 yr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SHERMAN G CLIFTON			4. DATE OF DEATH Month Day Year 1 15 59
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/7/1880
9. AGE (In years at birthday) 78	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - Watchman	11. BIRTHPLACE (City and state or country) Union Wire Rope, Maryville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANDREW CLIFTON	13b. MOTHER'S MAIDEN NAME Polly Ann Mazingo	14. NAME OF HUSBAND OR WIFE MABLE WHEELER	
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. 496-09-0479	17. INFORMANT MABLE CLIFTON 2611 LISTER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left pneumothorax			INTERVAL BETWEEN ONSET AND DEATH Minutes
DUE TO (b) Spontaneous rupture of emphysematous bleb.			Minutes
DUE TO (c) Chronic bronchitis and pulmonary emphysema.			Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis. Arteriosclerotic heart disease in congestive failure. Terminal bronchial pneumonia. Fracture right hip.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fracture of right hip on 12/24/58 required hospitalization and	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		was indirectly contributory to the terminal illness.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE
21. I attended the deceased from 6-9-58 to 1-15-59 and last saw him alive on 1-15-59 Death occurred at 2:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS 4800 E. 24th Street	22c. DATE SIGNED 1-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/17/59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Steil Funeral Home K.C. Mo.		25. DATE RECD. BY LOCAL REG. 1-16-59	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. S. Long

Health, Welfare and Public Service

300 -57

All diseases in Part I must be causally related.

6165-1-088

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 E. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *TC Mo.*

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.