

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004835

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 6

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clever
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence of Jewell Goddard		Length of stay in 4 months	d. STREET ADDRESS (If outside, give location) no street address
3. NAME OF DECEASED (Type or print) First WILFORD Middle RILEY Last CLIFTON			4. DATE OF DEATH Month Feb. Day 13, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen.-Mdse.	9. AGE (In years last birthday) 85.
11a. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jesse Clifton		13b. MOTHER'S MAIDEN NAME Margaret Daily	14. NAME OF HUSBAND OR WIFE Cordelia Morris
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. none	17. INFORMANT Address Mrs. Jewell Goddard, Ozark, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident, Thrombotic embolism</u> DUE TO (b) <u>arteriosclerosis - very severe</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 wk. yes.
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>1 Jan - 58</u> to <u>13 Feb 1959</u> and last saw ^{her} _{him} alive on <u>12 Feb 1959</u> Death occurred at <u>7:20</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. S. Rogers M.D.</u>		22b. ADDRESS <u>Ozark, Mo</u>	
		22c. DATE SIGNED <u>17 Feb 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/18/1959	23c. NAME OF CEMETERY OR CREMATORY Union Ridge Cemetery
		23d. LOCATION (City, town, or county) (State) Rt. 1, Clever, Missouri	
24. FUNERAL DIRECTOR <u>J. Dean Harris,</u>		25. ADDRESS <u>Clever, Mo.</u>	26. DATE RECD. BY LOCAL REG. <u>March 9-1959</u>
26. REGISTRAR'S SIGNATURE <u>Luella Leonard</u>			

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 *J. Sean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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.