Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014312
STATE FILE NUMBER

MAY 1 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. Cty.Mem.Hsp. — Length of stay in 1b: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Braggadocio 0780 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Braggadocio — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lena Middle Clifton Last Long

4. DATE OF DEATH Month April Day 12 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ] 2

8. DATE OF BIRTH July 13, 1883

9. AGE (In years last birthday) 75 — 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) Home-maker

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Fredericktown, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Angil Clifton

13b. MOTHER'S MAIDEN NAME Harriet Jacobs

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. 497 10 0377

17. INFORMANT Mrs. Mabel Brasher — Address Box 506 Hayti, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Vascular accident, Cerebral Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] **NOT WHILE AT WORK** [ ]

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 Apr 10 1959 to Apr 12, 1959 and last saw her alive on Apr 12, 1959
Death occurred at 11:55 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS Caruthersville Mo

22c. DATE SIGNED 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 14, '59

23c. NAME OF CEMETERY OR CREMATORY Little Prairie

23d. LOCATION (City, town, or county) Caruthersville, Missouri (State)

24. FUNERAL DIRECTOR H.S.Smith Funeral Home — **ADDRESS** C'ville.Mo.

25. DATE RECD. BY LOCAL REG. 4-22-59

26. REGISTRAR'S SIGNATURE Valeria Popham

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

CARTHERSVILLE, MO.

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 W. Garner Fike

Licensed Embalmer No. 4484

P. O. Address Carthersville

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.