

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040552

FILED VS DEC 9 1959 150

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4239 Registrar's No. 271

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lee's Summit</u>		Length of stay in 1b <u>87 yrs.</u>		c. CITY OR TOWN <u>Lee's Summit,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10-E Hi-Way</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>10-E Hi-Way</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Gilbert</u> Middle <u>Leo</u> Last <u>Clifford</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>1,</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 12, 1871</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Lee's Summit, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>J. B. Clifford</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann -----</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy F. Clifford Dec</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-42-6715</u>		17. INFORMANT <u>Steve Carter, Lee's Summit, Mo.</u> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerotic Heart Disease</u>						<u>2 3/4</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Thrombosis of leg due to arterial</u>						
		DUE TO (c) <u>Thrombosis</u>				<u>2 1/2</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			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>11-20-59</u> to <u>12-1-59</u> and last saw her/him alive on <u>12-1-59</u> . Death occurred at <u>7:25 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Clifford Miller MD</u>				22b. ADDRESS <u>Lee's Summit Mo</u>		22c. DATE SIGNED <u>12/3/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 3, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lee's Summit, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Langsford Funeral Home, Lee's Summit</u>				ADDRESS <u>Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-1959</u>	26. REGISTRAR'S SIGNATURE <u>D. B. Langsford</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Langford Jr

Licensed Embalmer No. 496

P. O. Address Lee's Summit

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.