

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000453

FILED VS JAN 25 1961

43

18

STATE FILE NUMBER

WRITE STUB
 AMENDED
 00 /59
 20
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harviell		Length of stay in 1b minutes	c. CITY OR TOWN Harviell Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR Crossing Hwy.158		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOMER Middle CHESTER Last CLIFTON			4. DATE OF DEATH Month January Day 9 Year 1961
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 6-26-1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 36 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Quilin, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Clifton		13b. MOTHER'S MAIDEN NAME Eugene Jenkins	
14. NAME OF HUSBAND OR WIFE Dorothy Clifton		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. Unknown		17. INFORMANT Address Mrs. Eugene Clifton, Quilin, 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) multiple fractures and internal injuries DUE TO (b) instant DUE TO (c) collision of automobile and P.R. train Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) was driving and automobile and was hit by a train on crossing	
20c. TIME OF INJURY Hour 5:30 p.m. Month, Day, Year 1-9-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Highway and R.R. Tracks	20f. CITY, TOWN, OR LOCATION Harville Butler mo
21. I attended the deceased from 5:30 to 5:30 and last saw her/him alive on P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene W Greer Coroner (Degree or title)		22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 1-13-61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 12, 1961	23c. NAME OF CEMETERY OR CREMATORY Carola Cemetery	23d. LOCATION (City, town, or county) Quilin (rural) Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 1/14/61	26. REGISTRAR'S SIGNATURE [Signature]

JAN 25 1961

NS FEB 28 1961

MAR 17 1961

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address 20514 Benning

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.