

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007893

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration File No. **318** Primary Registration District No. **1003** Registrar's No. **2464** STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS, MISSOURI**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**  
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b **16 DAYS**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VAH, 915 NO. GRAND AVE.** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3922 COTTAGE AVE.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **WERLEY CLIFFT** 4. DATE OF DEATH Month Day Year **2/28/62**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1/26/02** 9. AGE (last birthday) **60** 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) **ROLLER MILL** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (City and state or country) **BOLIVER, TENNESSEE** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **THOMAS CLIFFT** 13b. MOTHER'S MAIDEN NAME **SALLY BEAIRD** 14. NAME OF HUSBAND OR WIFE **JESSIE LEE CLIFFT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW-II** 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT **MRS. JESSIE LEE CLIFFT (WIDOW) SEE #2** Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **BRONCHIAL OBSTRUCTION** DUE TO (b) **CARCINOMA OF THE LUNG** DUE TO (c) **16.3x**

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 Month, Day, Year a.m. p.m.

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. attended the deceased from **2/12/62** to **2/28/62** and last saw ~~him~~ **her** alive on **2/28/62** Death occurred at **2:35 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **RUSSELL W. PRESTON, M.D.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **2/28/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-5-1962** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Bks, Mo.**

24. FUNERAL DIRECTOR **[Signature]** ADDRESS **1221 North Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **MAR 3 1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Blackman

Licensed Embalmer No. 3967

P. O. Address 1221 N. Grand

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.