

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

44-62-017975
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. Registrars No.

FILED JUN 5 1962

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LORANCE		Length of stay in 1b 3 yrs.	c. CITY OR TOWN RURAL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR LUTESVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NEAR SCOPUS
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last ROSA LEE CLIFFORD			4. DATE OF DEATH Month Day Year MAY 31 1962		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 9, 1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 5 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWF		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Quincey, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME CHARLES ELMORE		13b. MOTHER'S MAIDEN NAME SUSAN TAYLOR	
14. NAME OF HUSBAND OR WIFE LEMUEL O. CLIFFORD		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 Roy W. Clifford		Address Bertrand, 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) <i>Advanced age & infirmities</i> DUE TO (b) <i>absolute cardiac arrhythmia</i> DUE TO (c) <i>severe stasis ulcers both legs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10+ yrs</i> <i>estimated 10 yrs</i> <i>known 15 yrs</i>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 3-31-62 to 5-30-62 and last saw her 5-30-62 Death occurred at 5-31-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James J. [illegible]</i> (Decease or title)		22b. ADDRESS Lutesville Mo	22c. DATE SIGNED 6-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1, '62	23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	23d. LOCATION (City, town, or county) (State) Lutesville, Mo.
24. FUNERAL DIRECTOR Baker Funeral Home, Lutesville, Mo		25. DATE RECD. BY LOCAL REG. 6/4/62 REGISTRAR'S SIGNATURE <i>Mo Buford Crader</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6090
20090
3
4 1
5 2
6
7 1
8 2
9 460X
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12 90-0
13 1-0

JUN 12 1962

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 Edward A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student

Edw. A. Graham
Signature of Student Embalmer

Signed

E. A. Graham

Licensed Embalmer No.

4010

P. O. Address

Lutesville, 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.