

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 24 1950 STANDARD CERTIFICATE OF DEATH

State File No. 16543

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Henry</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>110 S Water St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>WALTER</u>		b. (Middle) <u>+</u>	c. (Last) <u>CLIFTON</u>		(Month) <u>MAY</u>	(Day) <u>14</u>	(Year) <u>1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wed</u>	8. DATE OF BIRTH <u>8/5/1862</u>	9. AGE (in years last birthday) <u>87</u>	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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Clifton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Clifton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jno Clay</u> ADDRESS <u>Clinton Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>			<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Senility</u>			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/12, 1950</u> , to <u>5/14, 1950</u> , that I last saw the deceased alive on <u>5/12, 1950</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title)				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>5/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG. <u>May-17-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Condon</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-22-52
District Health Officer No.
District File Number 4-50-54
Date Filed 5-23-52

MAY 20 1953

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
Student Embalmer

Signed *J E Consolet*
Licensed Embalmer No. 1891

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.