

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35286

FILED NOV 3 1947
Registration District No. 275

Primary Registration District No. 5943

State File No. _____
Registrar's No. 71

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Edgar Springs - Spring Creek

(c) Name of hospital or institution: Anutt Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Phelps 81

(c) City or town Edgar Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. Anutt Road 3
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ANDREW CLIFT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 4, 1877 1947
(Month) (Day) (Year)

Immediate cause of death: Coronary Heart Disease

8. AGE: Years Months Days If less than one day

69	10	16	hr. _____ min.
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Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Edgar Springs, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Robert Clift

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Caroline Mathis

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Clift

(b) Address Edgar Springs, Mo.

17. (a) Burial (b) Date thereof 10-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Oct 20 1947

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Null and Sons F.H.
(b) Address Rolla, Mo.

19. (a) 10-30-47 (b) Nadine L. Stoeckl
(Date received local registrar) (Registrar's signature)

23. Signature N.Y. Danton M.D. (M. D. or other) While at work? _____ (Specify type of place) (c) Means of injury _____

Address T. Rolla, Mo. Date signed 10/20/47

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

Paul E. Muel, Registered Apprentice No. 428
working under my personal supervision.

Signed S. E. Muel

Licensed Embalmer No. 3394

P. O. Address Rolla 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.