

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36939

State File No. 974

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 19 1951

BIRTH NO. _____ REG. DIST. NO. 20128 PRIMARY REG. DIST. NO. 2002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>602 N. Main</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VA Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) _____ c. (Last) <u>Clifton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 15 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>February 22, 1886</u>
9. AGE (In years last birthday) <u>65</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 MTH. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13a. FATHER'S NAME <u>Liberty Clifton</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Lowery</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W I 500 01 8745</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Gangrene of ilium and colon with generalized peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Ulcerative arteriosclerosis with thrombus formation and occlusion of mesentery artery.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>	
20. AUTOPSY? YES <input checked="" 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) (Min.)		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 the ^{XX VA} deceased died from <u>November 14 19 51, to November 15 19 51</u> XXXXXX ^{XXXXXX} and that death occurred at <u>5:40a. m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Bondurant</u> Acting <u>Chief Professional Services</u> (Degree or title)		23b. ADDRESS <u>VA Hospital Springfield, Mo.</u>	
23c. DATE SIGNED <u>11-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/19/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-16-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Hudley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schreyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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 James W. Warr

Licensed Embalmer No. 4650

P. O. Address Springfield 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.