

37213

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4953

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.				
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Jackson</p>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">lifetime</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Kansas City</p>				3568		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <p style="text-align: center;">St. Mary's Hospital</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3311 Bellefontaine</p>						
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">John</p>			b. (Middle) <p style="text-align: center;">Paul</p>		c. (Last) <p style="text-align: center;">CLIFFORD, Sr.</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Nov. 20, 1951</p>			
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">12-17-73</p>		9. AGE (In years last birthday) <p style="text-align: center;">77</p>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Ret. Policeman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">KCPD</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kansas City, Missouri</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			
13a. FATHER'S NAME <p style="text-align: center;">John Clifford</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Margaret Scanlon</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Mrs. Mary Agnes Clifford</p>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Mary Agnes Clifford</p>				ADDRESS <p style="text-align: center;">3311 Bellefontaine</p>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Cerebral thrombosis</u>							<u>19 days</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u>							<u>4 yrs</u>		
	DUE TO (c) <u>Left Broncho pneumonia</u>							<u>4 days</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">No</p>		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)		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>Oct 31, 1951, to Nov 20, 1951</u> , that I last saw the deceased alive on <u>Nov 19, 1951</u> , and that death occurred at <u>6:37 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <p style="text-align: center;">Leo A. O'Brien M.D.</p>				23b. ADDRESS <p style="text-align: center;">1002 Argyle St. Mo</p>			23c. DATE SIGNED <p style="text-align: center;">11-20-51</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">11-23-51</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Calvary</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>					
DATE REC'D BY LOCAL REG. <p style="text-align: center;">11-20-51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Deraldine Holmes</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Melody-MoGilley-Eylar, Kansas City, Mo.</p>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED DEC 1 1951

Dr. Leo O'Brien
2 PM - 4 1/2

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.....
Licensed Embalmer No. 2999 KC
P. O. Address.....

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.