

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 42463

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 3051 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville Mo.</b>	
c. LENGTH OF STAY (In this place) <b>10 Years</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margarete</b> b. (Middle) <b>J.</b> c. (Last) <b>Clifton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 12 1913</b>		9. AGE (In years last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	
11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Dave Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Cecil Clifton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecil Clifton</b> ADDRESS <b>Perryville Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				<b>1/2 hour</b>	
*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			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Mitral Valve (Heart Disease)</b>		<b>Undet.</b>	
		DUE TO (c) <b>Rheumatic Heart Disease</b>		<b>Undet.</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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 12-1, 1951, to 12-15, 1951, that I last saw the deceased alive on 12-15, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS <b>Perryville, Mo.</b>		23c. DATE SIGNED <b>12-17-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 18 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Baptist Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Crosstown Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Dec 20-51</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Davis Perryville Mo.</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150215

**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 Wallace Young.....

Licensed Embalmer No. 4027.....

P. O. Address Perryville, 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.

*Accepted for record*