

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35874

State File No.

NOV 5 1952
BIRTH NO. 78135 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Sedalia</u>	<u>0804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>INFANT SON of James + Betty Clifford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 29-1952</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>James Clifford</u>	13b. MOTHER'S MAIDEN NAME <u>Betty England</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Everett England</u> ADDRESS <u>720 N. Grant Sedalia</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth - 13 week premature</u> DUE TO (c) <u>rupture of membranes (cause unknown)</u>		<u>6 hrs</u> <u>80 hrs.</u>
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 <u>7615</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 I attended the deceased from Oct 29, 1952, to Oct 29, 1952, that I last saw the deceased alive on Oct 29, 1952, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howell</u>	23b. ADDRESS <u>Sedalia, Mo</u>	23c. DATE SIGNED <u>10/31/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u> ADDRESS <u>Sedalia</u>	
DATE REC'D BY LOCAL REG. <u>10-30-52</u>	REGISTRAR'S SIGNATURE <u>R. Campbell M.D.</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed K P M Crary

Licensed Embalmer No. 3153

P. O. Address Sadalia 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.