

FILED DEC 29 1952

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42680

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5608 Registrar's No. 38

510
1

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

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN 4 MI. N.E. HOLDEN, MO		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Madison 0510	
c. LENGTH OF STAY (in this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) HOLDEN, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD. - HOLDEN, MO			

3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE b. (Middle) BEULLAH c. (Last) CLIFFORD			4. DATE OF DEATH (Month) (Day) (Year) DEC. 11, 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	
8. DATE OF BIRTH JULY 7, 1886		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) HOLDEN, MO.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME WILLIAM H. ATHERTON		13b. MOTHER'S MAIDEN NAME ISABELLE BURKE		14. NAME OF HUSBAND OR WIFE MICHAEL CLIFFORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ISABELLE ATHERTON, HOLDEN, MO	

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) Acute Endocarditis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Bowel Obstruction			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Acute Bowel Obstruction			
DUE TO (c)		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 5705		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)		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 Dec 11, 1952, to _____, 19____, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 11:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Halmburg D.O.		23b. ADDRESS Holden, Mo.		23c. DATE SIGNED 12-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 13 DEC, 1952		24c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY	
24d. LOCATION (City, town, or county) (State) HOLDEN, MO.					

DATE REC'D BY LOCAL REG. 12-16-1952		REGISTRAR'S SIGNATURE Mrs. James Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Carr, Holden, Mo.	
---	--	--	--	--	--

RECEIVED
DEC 21 1952
NEGATIVE
JOHNSON COUNTY HEALTH DEPT.

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.....

E.B. Coats

Licensed Embalmer No.

4059

P. O. Address.....

Holden, 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.