

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15813**
2269
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2269	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 DAYS		a. STATE Missouri b. COUNTY ST. CLAIR	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST Joseph's Hosp.				c. CITY OR TOWN Collins		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 5989							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) GROVER		b. (Middle) L		c. (Last) Clifford		MAY 18 1954	
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN 15 1893	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Collins Mo.	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME SAMUEL CLIFFORD		13b. MOTHER'S MAIDEN NAME VIRGINIA Wilson	
13c. NAME OF HUSBAND OR WIFE ETHELENE CLIFFORD (Dec)		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. UNK		16. INFORMANT'S SIGNATURE OR NAME Mrs Ethelene Mathews ADDRESS Indep Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
18. CAUSE OF DEATH				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Anterior		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) Arteriosclerotic Heart Disease			
				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 No surgery				19b. MAJOR FINDINGS OF OPERATION		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) (m.)		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 May 10 , 1954, to May 18 , 1954, that I last saw the deceased alive on May 18 , 1954, and that death occurred at 7:28 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Paul A. G. Johnson (Degree or title) M.D.				23b. ADDRESS 5111 Indep Ave. K.C. Mo		23c. DATE SIGNED May 18, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 19, 1954		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) OSceola MO.	
DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Steel		ADDRESS K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

J. P. Shiel

Licensed Embalmer No. 362

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.