

FILED JAN 10 1956.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kirksville</u> c. LENGTH OF STAY (in this place) <u>4 mon.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Home No. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Kirksville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>712 North Elson</u> <u>0013</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Walter</u> c. (Last) <u>Clifton</u>			4. DATE OF DEATH <u>Jan. 4, 1956</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED - NEVER MARRIED. <u>Divorced</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 18, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Decorater</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stahl, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harve Clifton</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Moore</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esthel Davis Kirkville Mo</u> ADDRESS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic malignant melanoma</u> DUE TO (c) <u>Primary lesion on right foot</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>190x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>5 years</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)		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 <u>Sept 9</u> , 19 <u>55</u> , to <u>Jan 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 3</u> , 19 <u>56</u> , and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. ...</u> (Degree or title)				23b. ADDRESS <u>800 W. Jefferson, Kirkville, Mo</u>		23c. DATE SIGNED <u>1/6/56</u>	
24a. BURIAL <u>Burial</u> (Specify)		24b. DATE <u>Jan. 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger</u>		24d. LOCATION (City, town, or county) (State) <u>Novinger, Adair, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		GENERAL DIRECTOR'S SIGNATURE <u>Novinger, Adair, Mo.</u>		ADDRESS	

(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

David E. Foster

Licensed Embalmer No. *474*

P. O. Address *Ferkaule,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.