

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028948
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		c. CITY OR TOWN Fayette 04516	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 106 W. Davis St.		Length of stay in lb 20 yrs	
d. STREET ADDRESS 106 W. Davis St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELIZA Middle JANE Last CLIFFORD			4. DATE OF DEATH Month Aug. Day 14, Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30, 1878
9. AGE (In years by birthday) 79		10. FUNDER 1 YEAR 11 P4 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Memard Co. Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Witherspoon		13b. MOTHER'S MAIDEN NAME Jemima Kessler	
14. NAME OF HUSBAND OR WIFE James L. Clifford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown)) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Elizabeth Clifford Address Fayette, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Immediate 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-14-58 to 8-14-58 and last saw her alive on 8-14-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Sloan M.D.		22b. ADDRESS Fayette Mo	22c. DATE SIGNED 8-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/16/58	23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Missouri		25. DATE RECD. BY LOCAL REG. 8-21-58	26. REGISTRAR'S SIGNATURE Mary L. Shell

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 21 1958

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 *Donald J Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Fayette*

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.