

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037277
STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 52

300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn, Gasconade Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0370 Gasconade		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home		Length of stay in lb 16 months	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Voyd Middle _____ Last Clifton Sr			4. DATE OF DEATH Month Nov. Day 2, Year 1958		
5. SEX male	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 April 30, 1886	9. AGE (In years last birthday) 72	FUNDER 1 YEAR Months _____ Days _____
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Boatyard Industry	11. BIRTHPLACE (City and state or country) Rennick, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Clifton		13b. MOTHER'S MAIDEN NAME Anna Truesdale		14. NAME OF HUSBAND OR WIFE Eva Truesdale Dec.	
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. none	17. INFORMANT Voyd Clifton Jr. Gasconade Mo Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, cerebral DUE TO (c) Arteriosclerosis, generalized					INTERVAL BETWEEN ONSET AND DEATH 331X
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
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 10-1-58 to 11-2-58 and last saw her/him alive on 11-1-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arman W. Baldwin (Degree or title)			22b. ADDRESS Linn		22c. DATE SIGNED 11/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Nov. 5 1958	23c. NAME OF CEMETERY OR CREMATORY Gasconade Cemetery		23d. LOCATION (City, town, or county) (State) Gasconade Mo
24. FUNERAL DIRECTOR Heath Blumer ADDRESS Herman P. Co		25. DATE REC'D. BY LOCAL REG. Nov. 5 1958		26. REGISTRAR'S SIGNATURE Mrs. G. A. Dubouillet	

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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 *H. G. Ginner*

Licensed Embalmer No. *3160*

P. O. Address *Herman 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.