

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017107

STATE FILE NUMBER

FILED MAY 28 1959

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 94

300
-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PLATTE CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE HOSPITAL		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) R.R. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VIRGIE LEE CLIFTON			4. DATE OF DEATH Month Day Year MAY 17, 1959
5. SEX F	6. COLOR OR RACE WH.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 1, 1888
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARION FIGHTMASTER	
13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH BROOKS		14. NAME OF HUSBAND OR WIFE JOHN CLIFTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-42-609A	
17. INFORMANT JOHN CLIFTON		Address PLATTE CITY, 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) Mesenteric Mucormycosis A.S.H.D. DUE TO (b) Generalized A.S. DUE TO (c) Generalized A.S. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 y. 10 y.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4260	
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 1947 to 1959 and last saw ^{her} _{him} alive on 5/17/59 Death occurred at 1 - A.M. 5/17 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marguerite Judson (Degree or title)		22b. ADDRESS Platte City	22c. DATE SIGNED 5/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-19-59	23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	23d. LOCATION (City, town, or County) (State) PLATTE CITY, Mo.
24. FUNERAL DIRECTOR ROLLINS & MITCHELL, PLATTE CITY, Mo.		25. DATE RECD. BY LOCAL REG. 5-19-59	26. REGISTRAR'S SIGNATURE Marguerite Judson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 Roland M. Gifford

Licensed Embalmer No. 4725
P. O. Address Platte City

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.