

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004243
STATE FILE NUMBER

FILED VS FEB 6 1961

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 23

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 25 yrs.		c. CITY OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 665 S Salt Pond			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 665 S Salt Pond			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELLA FLORENCE CLIFT				4. DATE OF DEATH Month Day Year February 1, 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-26-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days 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 Home		11. BIRTHPLACE (City and state or country) Morgan Town Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John T. Rogers		13b. MOTHER'S MAIDEN NAME Queen Victoria Anderson		14. NAME OF HUSBAND OR WIFE Dec. Sherman Cliff			
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. X		17. INFORMANT Address: Marshall George Clift 665 S Salt Pond			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) cardiac failure							3 WEEKS
DUE TO (b) bronchial pneumonia							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic bronchial asthma							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
severe fall and traumatic injury to R. hip							
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 a.m. p.m. Month, Day, Year							
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 Jan. 7, 1961 to Feb. 1, 1961 and last saw ^{her} him alive on Feb. 1 Death occurred at 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>George Clift</i> (Degree or title)				22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 2/3/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1960	23c. NAME OF CEMETERY OR CREMATORY Malta Bend Missouri		23d. LOCATION (City, town, or county) Malta Bend, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Jack W. Reser		ADDRESS Marshall, Missouri		25. DATE RECD. BY LOCAL REG. 2-3-61	26. REGISTRAR'S SIGNATURE <i>Cecil D. Reed</i>		

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 Jack M. Reser
Licensed Embalmer No. 4643

P. O. Address Marshall, W. Va.

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.