SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005290
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 797

FILED VS MAR 3 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 41 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4619 Jefferson
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4619 Jefferson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First William Middle M. Last Clifford
4. DATE OF DEATH: Month February Day 14 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-25-1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice Pres (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Continental Baking
11. BIRTHPLACE (City and state or country): Otley, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Michael Clifford
13b. MOTHER'S MAIDEN NAME: Catherine Taylor
14. NAME OF HUSBAND OR WIFE: Constance E. Clifford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: Mrs. Constance E. Clifford, Address 4619 Jefferson K. C. 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) Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 10
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular renal - arterio sclerosis — 3 yrs
DUE TO (c) Diabetes mellitus, gg, CA of prostate — 5 "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CA Prostate
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 many years, to date and last saw her/him alive on 2-14-61
Death occurred at 10 30 Am 2-14-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. B. Sinclair, Jr. (Degree or title) M.D.
22b. ADDRESS 920 W. 47th St
22c. DATE SIGNED 2-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-17-1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar, ADDRESS 20 West Linwood K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 2-15-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

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_____

Licensed Embalmer No. 5038

P. O. Address K. C. 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.