

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26446**  
Registrar's No. **63**

FILED SEP 12 1949

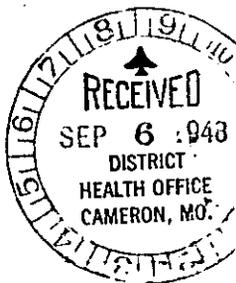
REG. DIST. NO. **75**

PRIMARY REG. DIST. NO. **3015**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>75</b>		PRIMARY REG. DIST. NO. <b>3015</b>		Registrar's No. <b>63</b>	
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CLINTON</b>			
b. CITY OR TOWN <b>Cameron</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Cameron</b>		d. STREET ADDRESS (If rural, give location) <b>318 W-4<sup>th</sup> St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>318 W-4<sup>th</sup> St.</b>				d. STREET ADDRESS (If rural, give location) <b>318 W-4<sup>th</sup> St.</b>			
3. NAME OF DECEASED a. (First) <b>Carla</b>			b. (Middle) <b>Isabelle</b>		c. (Last) <b>Cleveland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 25-1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Aug 3-1859</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Shreve, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Abel Lee</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Number</b>		14. NAME OF HUSBAND OR WIFE <b>H. H. Cleveland</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mar. T. Deem</b> ADDRESS <b>Cameron</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <b>0</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>331X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>12 Aug, 1949</b> , to <b>24 Aug, 1949</b> , that I last saw the deceased alive on <b>24 Aug, 1949</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Mar. T. Deem</b> (Degree or title) <b>MO</b>				23b. ADDRESS <b>U. Cameron</b>		23c. DATE SIGNED <b>8-26-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-26-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ostborn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ostborn MO</b>	
DATE REC'D BY LOCAL REG. <b>9-3-49</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>		390 FUNERAL DIRECTOR'S SIGNATURE <b>Poland Funeral Home</b>		ADDRESS <b>Cameron</b>	

SEP 22 1949



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

*Robert A. Roland*

Student Embalmer No. 318

working under my personal supervision.

Signed *Robert A. Roland*  
Student Embalmer

Signed *George P. ...*

Licensed Embalmer No. 4420

P. O. Address 229 ...

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 this body is not embalmed, fact should be so stated above.

*Cameron, Mo.*