S. No. 300
v. 10-48

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40206

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 28-1950

1280
1

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CUBA "RURAL" BENTON
c. LENGTH OF STAY (In this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ N. W. of CUBA, MO STAR. RT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CUBA RURAL BENTON 0280
d. STREET ADDRESS (If rural, give location): 4½ mi. N. W. of CUBA, MO STAR. RT.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHNATHON
b. (Middle):
c. (Last): VANCLEAVE

4. DATE OF DEATH (Month) (Day) (Year): 12-17 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JAN. 12-1870
9. AGE (In years last birthday): 80 — If under 1 year: Months 11, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): GRUNDY COUNTY, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JANIE ANDERSON SOTTRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES SPANISH AMERICAN
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS JANIE VANCLEAVE - STAR. RT. CUBA - MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Arteriosclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1949, *to* Dec. 17, 1950, *that I last saw the deceased alive on* Dec. 17, 1950, *and that death occurred at* 11.15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. DePeo MD, DP. 0
23b. ADDRESS: Cuba, MO
23c. DATE SIGNED: 12-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: DEC. 20, 1950
24c. NAME OF CEMETERY OR CREMATORY: KINDER CEMETERY
24d. LOCATION (City, town, or county) (State): CUBA MO

DATE REC'D BY LOCAL REG.: 12/20/1950
REGISTRAR'S SIGNATURE: Paul A. Shankland 372
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: ELBERT E. LONG FUNERAL HOME - CUBA, MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 30 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

JAN 12 1951

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 .....
Student Embalmer

Signed Norman C. Haener

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.