

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33488**
4332BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 45 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1840 Madison			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1840 Madison									
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Will		c. (Last) Cleeton		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28 1866		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months _____ IF UNDER 2 HRS. Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) Cora, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Cleeton			13b. MOTHER'S MAIDEN NAME Mary Harmon			14. NAME OF HUSBAND OR WIFE Belle Cleeton			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Beulah Gann Kansas City, Missouri				
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) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 days 490X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-10 , 19 51 , to 10-10 , 19 51 , that I last saw the deceased alive on 10/10 , 19 51 , and that death occurred at 9:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE C.M. Counsell M.D.				23b. ADDRESS 708 W 17th St			23c. DATE SIGNED 10/11/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13 1951		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 10-11-51		REGISTRAR'S SIGNATURE Heraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster		ADDRESS Kansas City, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

