

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 200

0100
1
FILED JAN 30 1952

REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5116 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY BOONE Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE	
b. CITY OR TOWN RURAL - BOURBON		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN RURAL - BOURBON 0100		d. STREET ADDRESS (If rural, give location) 9 MI WEST of STURGEON	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) CATHERINE c. (Last) CLEETON			4. DATE OF DEATH (Month) (Day) (Year) Jan 18-1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH SEPT. 17-1856		9. AGE (In years last birthday) 95		10. IF UNDER 1 YEAR: Months 4 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWF.		10b. KIND OF BUSINESS OR INDUSTRY HWF		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME THOMAS CLEETON		13b. MOTHER'S MAIDEN NAME MARY WISDOM		14. NAME OF HUSBAND OR WIFE WILLIAM CLEETON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Arthur G. Glecton Clark, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 10-20 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) 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.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500			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) (Min.)		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 1/18/52, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE Henry Sweet Jr M.D. 3 Coroner		23b. ADDRESS 909 University Ave Columbia Mo.		23c. DATE SIGNED 1/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan. 19-1952		24c. NAME OF CEMETERY OR CREMATORY PERCHE	
24d. LOCATION (City, town, or county) (State) Boone Co. Mo.					

DATE REC'D BY LOCAL REG. Jan 23-1952		REGISTRAR'S SIGNATURE Maud Mc Bride Barnes		30-0		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Booth-Sturgeon Mo.	
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RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number ~~501 67 1054~~ JAN 29 1952

Date Filed JAN 29 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
R.E. Boothe

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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 this body is not embalmed, fact should be so stated above.