

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8723

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 134	
1. PLACE OF DEATH a. COUNTY JASPEY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 1 MONTH		c. CITY (If outside corporate limits, write RURAL and give township) Neosha		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) R.F.D. - 1 - 1			
3. NAME OF DECEASED (Type or Print) a. (First) VIRLE b. (Middle) Blanche c. (Last) CLEAVER				4. DATE OF DEATH (Month) (Day) (Year) 3-18-52			
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10/5/1909	
9. AGE (In years last birthday) 41		If UNDER 1 YEAR Months		If UNDER 18 Hrs. Days		If UNDER 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE.		11. BIRTHPLACE (State or foreign country) COFFEYVILLE KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES A ABBOTT			13b. MOTHER'S MAIDEN NAME ORPHA A. WRIGHT			14. NAME OF HUSBAND OR WIFE ALFRED T.	
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. No		17. INFORMANT'S SIGNATURE OR NAME Alfred T. Cleaver, Route 1			
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) Cardiovascular-renal Disease with Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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 2-13-52	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X				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)		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 2-13 , 19 52 , to 3-18 , 19 52 , that I last saw the deceased alive on 3-18 , 19 52 , and that death occurred at 8:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M. D.				23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 3-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/20/52		24c. NAME OF CEMETERY OR CREMATORY OSBORN CEM.		24d. LOCATION (City, town, or county) (State) Joplin MO	
DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE HUTCHINSON		ADDRESS GLOVER MORTUARY Joplin Mo	

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

495
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RECEIVED 3-24-52

Jasper County Health Office

County File Number 52/3/240

Date Filed 3-24-52

MAY 2 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 *Paul Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.