

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26939

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> 1080		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Washington Township</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2-Nevada, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Ins State Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>MARVIN</u>	a. (First)	b. (Middle) <u>A</u>	c. (Last) <u>CLEVELAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-23-1869</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>6</u>	11. DAYS <u>28</u>	12. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	13. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Satal Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eli Cleveland</u>	13b. MOTHER'S MAIDEN NAME <u>Julia A Kirby</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Cleveland, Nevada Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>	DUE TO (b) <u>Chronic Cardio-vascular-renal disease - 6 yrs. duration -</u>		<u>5 min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Diffuse arterio-sclerosis, 6 yrs.</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>		<u>6 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Died suddenly. (No inquest)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>4201</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Sherman, Coroner</u>	(Degree or title)	23b. ADDRESS <u>Nevada, Missouri</u>	23c. DATE SIGNED <u>7-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial & Nevada Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>7-24-52</u>	REGISTRAR'S SIGNATURE <u>Wm & Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen J. Hayes</u>	ADDRESS <u>Nevada Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Allen D. Hayes

Licensed Embalmer No. 15768

P. O. Address Nevada 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.