

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44250**

No. 300
10. 48

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **4503** Registrar's No. **89**

030
1

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie	
c. LENGTH OF STAY (In this place) 7 yrs		10311	
d. FULL NAME OF HOSPITAL OR INSTITUTION City		d. STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) O.	c. (Last) CLEARY	4. DATE OF DEATH (Month) (Day) (Year) DEC. 16, 1952
---	-----------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 2 HRS. Hours 10 Min.
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harding County, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME Edwin Cleary	13b. MOTHER'S MAIDEN NAME Hannah Stone	14. NAME OF HUSBAND OR WIFE Golda Cleary
--	---	---

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. unknown	17. INFORMANT'S SIGNATURE OR NAME Golda Cleary, Bernie, Missouri	ADDRESS
--	--	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of the Respiratory System		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) 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	20. AUTOPSY? YES <input 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)	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 **Sept. 1, 1952**, to **Dec. 16, 1952**, that I last saw the deceased alive on **Dec. 16, 1952**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE BO Kelly D.O. (Degree or title)	23b. ADDRESS Bernie, Mo.	23c. DATE SIGNED 12-19-52
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Cambell, Missouri
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 12/26/52	REGISTRAR'S SIGNATURE Velona V. Jaeger	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Cambell, Mo.	ADDRESS
--	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.