

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5799**

FILED MAR 13 1953

1157

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>			c. LENGTH OF STAY (In this place) <u>STAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, Rural</u>			7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH EAST HOSPT</u>				d. STREET ADDRESS (If rural, give location) <u>8732 WILSON RD</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>Biddie</u> c. (Last) <u>CLEETON</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>22</u> (Year) <u>53</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2/13/66</u>		9. AGE (In years less birthday) <u>87</u> If months: _____ If weeks: _____ If days: _____ If hours: _____ If minutes: _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JAMESTOWN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JESS PENNINGTON</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA DEERING</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN CLEETON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Beulah Petty</u>		ADDRESS <u>K.C. MO</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal pneumonia</u> DUE TO (c) <u>Hip fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY <u>123</u> (STATE) <u>Kansas City, Jackson, mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-12-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor at home</u>				
22. I hereby certify that I attended the deceased from <u>2-16</u> , 19 <u>53</u> , to <u>2-22</u> , 19 <u>53</u> , that I last saw the deceased <u>alive on 2-22, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>C. M. Cernoch</u> (Degree or title)				23b. ADDRESS <u>Sugar Creek Mo</u>		23c. DATE SIGNED <u>2/23/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN HAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>SHEILS R.C. MO</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

CE 7484

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 Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address K. C. 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.