

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20467

BIRTH NO. _____		REG. DIST. NO. <u>B49</u>		PRIMARY REG. DIST. NO. <u>6185</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Union Twp. 1050</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. S.E. Green City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home--9 mi. S. E. Green City</u>				d. STREET ADDRESS (If rural, give location) <u>9 mi. S.E. Green City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Walter</u> c. (Last) <u>Cleeton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1889</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lester Cleeton</u>			13b. MOTHER'S MAIDEN NAME <u>Celista Lowe</u>			14. NAME OF HUSBAND OR WIFE <u>Dolly Sharp Cleeton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say on what basis) (If yes, give year or date of discharge) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jean Cleeton, Green City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) m.		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 <u>May 1, 1953</u> , to <u>May 16, 1953</u> , that I last saw the deceased alive on <u>May 15, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. D. Smith M.D.</u> (Physician or title)				23b. ADDRESS <u>Green City Mo</u>		23c. DATE SIGNED <u>May 19/1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owasco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 25 1953</u>		REGISTRAR'S SIGNATURE <u>Laura M. Balthus</u>		415 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Furtlow, Green City, Mo.</u>				

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

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JUN 1 1967

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 *Karl B. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.