

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38393

FILED DEC 2 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5144 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rombauer St Francis</u> c. LENGTH OF STAY (in this place) <u>87 yrs</u>		c. CITY OR TOWN <u>Rombauer</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rombauer, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>General Del. 0120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Cleven</u> c. (Last) <u>Cleven</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 16, 1859</u>
9. AGE (In years) (Last birthday) <u>94</u> if UNDER 1 YEAR Months <u>9</u> Days _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Montroville Reading</u>	
13b. MOTHER'S MAIDEN NAME <u>Kate Christopher</u>		14. NAME OF HUSBAND OR WIFE <u>Sidney (Cleven)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maude Zoll, Rombauer, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> <u>10 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u> <u>15 & 20 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>422k</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) (Min.) _____		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>15 Nov, 1953</u> , to <u>16 Nov, 1953</u> , that I last saw the deceased alive on <u>15 Nov, 1953</u> , and that death occurred at <u>2:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Opil A. Post MD</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>23 Nov 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamtown Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler, Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/27/53</u>		REGISTRAR'S SIGNATURE <u>Q A M... 489</u>	

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

RECEIVED
NOV 30 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 4134

P. O. Address Butler, Pa.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.