S. No. 300
7. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

State File No. 43949

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 296

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (In this place) 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 709 Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 709 Monroe

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3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) THOMAS
c. (Last) CLEETON

4. DATE OF DEATH (Month) (Day) (Year) Dec-15-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov-8-1902
9. AGE (In years last birthday) 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Outside Stitcher
10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country) Boone County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hollis Cleeton
13b. MOTHER'S MAIDEN NAME Mary Etta Asbury
14. NAME OF ~~HUSBAND~~ OR WIFE Lillian Cleeton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 401-07-1130
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Cleeton — **ADDRESS** Moberly Mo

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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 4201
20. AUTOPSY? YES ☐ NO ☐

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) Moberly Mo (COUNTY) Randolph Mo (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 51, *to* Dec 15, 19 53, *that I last saw the deceased alive on* 12/15, 19 53, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Hammond (Degree or title) D.O.
23b. ADDRESS Moberly Mo
23c. DATE SIGNED 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec-17-1953
24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
24d. LOCATION (City, town, or county) Moberly Mo. (State)

DATE REC'D BY LOCAL REG. Dec 17-53
REGISTRAR'S SIGNATURE Leah Williams Lowe 269-D
25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home — **ADDRESS** Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 30

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 R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.