

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36786**
4559

BIRTH NO. _____ REG. DIST. NO., 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4559

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>13 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		5. STREET ADDRESS (If rural, give location) <u>2456 Cleveland</u> <u>37680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>B.</u> c. (Last) <u>Cloud</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>22</u> <u>1955</u>
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5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 6, 1902</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 1 HR. Hour <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realtor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank Cloud</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Turk</u>	14. NAME OF HUSBAND OR WIFE <u>Algora Cloud</u>
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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>545-18-6555</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Algora Cloud (wife)</u> ADDRESS <u>K.C. Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>442x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia hypostetic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Syndrome</u> DUE TO (c) <u>Uræmia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 13, 1955 to Oct 22, 1955 that I last saw the deceased alive on Oct 22, 1955 and that death occurred at 7:15 PM from the causes and on the date stated above.

23a. SIGNATURE <u>A.A. Choquette</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>200, 500 Bryant Blvd</u>	23c. DATE SIGNED <u>Oct 24, 55</u>
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24a. DATE OF BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	24b. DATE <u>10/25/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dodson Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-24-55 newa minshall</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Blackman & Son</u> ADDRESS <u>K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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7422

Embalmer
11/14/44

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 Bert B. Bennie

Licensed Embalmer No. 46

P. O. Address Kansas

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.