

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25755

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>408 S. Williams</i> Length of stay in lb <i>7 years</i>		d. STREET ADDRESS (Show side of location) <i>408 S. Williams</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>IDA VERA CLEETON</i> First <i>IDA</i> Middle <i>VERA</i> Last <i>CLEETON</i>		4. DATE OF DEATH <i>July 24-1957</i> Month <i>July</i> Day <i>24</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 31-1877</i>
9. AGE (In years last birthday) <i>80</i> UNDER 1 YEAR IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <i>Clark Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Herbiah Hamilton</i>	
14. MOTHER'S MAIDEN NAME <i>Ann Cordilia Hamilton</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs Lester Littrel Moberly</i> Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sarcoma pharynx, bronchi</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial Insufficiency</i> DUE TO (c) <i>Smiling</i>			INTERVAL BETWEEN ONSET AND DEATH <i>54 hr</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN OR LOCATION <i>Moberly Mo</i> COUNTY <i>Randolph Mo</i> STATE <i>Mo</i>			
21. I attended the deceased from <i>Jan. 57</i> to <i>July 24-57</i> and last saw her alive on <i>July 24-7</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>I J Hammond</i> (Degree or title) <i>D.O.</i>		22b. ADDRESS <i>Moberly Mo</i>	
22c. DATE SIGNED <i>7-24-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 25-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Missouri</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home</i> ADDRESS <i>Moberly Mo</i>		25. DATE RECD. BY LOCAL REG. <i>7-25-57</i>	
		26. REGISTRAR'S SIGNATURE <i>Leavelle</i>	

(Licensed Embalmer's Statement on Reverse Side)

hh, alfare, lic, vice, 00, 56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION, 69-0

