SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-021212
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2832

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: L 31 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) KA-CEE HOTEL 919 Oak Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last CLEVELAND
4. DATE OF DEATH: Month May Day 29 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-8-89
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lincoln NEBRAKKA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William H. CLEVELAND
13b. MOTHER'S MAIDEN NAME: Margaret Dunn ~~unknown~~
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: Roy Cleveland (Brother) Address: VA HOSPITAL OFFICAL RECORDS, K. C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) RECENT MYOCARDIAL INFARCTION
DUE TO (c) CORONARY ATHEROSCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CARCINOMA OF LEFT LUNG. CARCINOMA OF RIGHT KIDNEY.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 5-16-61, to 5-29-61 and last saw him alive on
Death occurred at 1:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas J. Fritzlen M.D. (Degree or title) Thomas J. Fritzlen, M.D.
22b. ADDRESS VA Hospital, K. C. MO.
22c. DATE SIGNED 6-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JUNE 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State): FT. LEAVENWORTH KANSAS

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY MO. (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 6-7-61
26. REGISTRAR'S SIGNATURE: Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF

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_____ Signed Raymond M. Hardy

Signature of Student Embalmer

Licensed Embalmer No. 4913

P. O. Address Independence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.