

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 120

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0887

2 0887

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 22 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Randolph</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Length of stay in 1b <u>45 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 McKinley</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u></p> <p>c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>501 McKinley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>ELDRIDGE MARION CLEETON</u></p>	
<p>4. DATE OF DEATH <u>May-15-1963</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>3-19-1886</u></p>
<p>9. AGE (at birth) <u>77</u> Months Days Hours Min.</p>	
<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer R.R. Station</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Green City Mo.</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>USA</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Alfred Cleeton</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Nancy Beck</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Mary Frances Cleeton</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	
<p>16. SOCIAL SECURITY NO. <u>[Redacted]</u></p>	
<p>17. INFORMANT <u>Mrs. E. M. Cleeton Moberly Mo.</u> Address</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 d.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">DUE TO (b)</p> <p style="text-align: center;">DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>May 6, 1963</u> to <u>May 15</u> and last saw ^{her} him alive on <u>5-14-63</u></p> <p>Death occurred at <u>9:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>C. Smith M.D.</u></p>	<p>22b. ADDRESS <u>312 1/2 W Reed Moberly Mo</u></p>
<p>22c. DATE SIGNED <u>5-17-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>May-18-1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Moberly Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u> ADDRESS</p>	<p>25. DATE RECD. BY LOCAL REG. <u>5/17/63</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>W. C. White</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1963

Permit renewed August 16, 1963
more

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 R. M. Carter

Licensed Embalmer No. 4117

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