REC'D SEP 20 1939

Austin

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28801
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll
(b) Township
(c) City Carrollton
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 135
Primary Registration District No. 3010
Registered No. 98

2. PRINT FULL NAME Odessa V. Cleeton
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Cleeton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1884
7. AGE YEARS 55 MONTHS 1 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

FATHER
13. NAME Anthony Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Jennie Bates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) David Cleeton Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE A. Oak Hill DATE Aug 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley Carrollton Mo

20. FILED 8/16 1939 Ruth Haskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Aug 13, 1939
I last saw her alive on Aug 13, 1939 Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage (Parabol)	8/12/39
92	
Other contributory causes of importance:	
Mitral Insufficiency	D.K.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Charles S. Austin, M. D.
(Address) Carrollton Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14023

RECEIVED
District Health Officer No. 8,
Number 9/8/39

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, Ben W Gibson, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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, above space should be left blank.