

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2148

FILED JAN 12 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6513 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Springs</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #3 Huntville Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #3 Huntville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #3 Huntville Mo</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) ELIZABETH b. (Middle) — c. (Last) CLEETON

4. DATE OF DEATH (Month) (Day) (Year) Jan - 4 - 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug - 2 - 1877 9. AGE (In years last birthday) 72 Months 5 Days 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Howard County Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John M. Cline 13b. MOTHER'S MAIDEN NAME Sarah Margaret Hargis 14. NAME OF HUSBAND OR WIFE William B. Cleeton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Ernest Cleeton Moberly Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia

ANTECEDENT CAUSES DUE TO (b) D.K.

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7041

18. CAUSE OF DEATH (continued)  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 5, 1949, to Dec 27, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. Dreyer MD 23b. ADDRESS Huntville Mo 23c. DATE SIGNED 1/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan - 5 - 50 24c. NAME OF CEMETERY OR CREMATORY Perche Cemetery 24d. LOCATION (City, town, or county) (State) South of Potosi Mo.

DATE REC'D BY LOCAL REG. Jan - 4 - 1950 REGISTRAR'S SIGNATURE Dr. D.A. Barnhart 25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home Moberly Mo ADDRESS \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48  
80  
1

RECEIVED

JAN 9 1950

District Health Officer No. \_\_\_\_\_

District File Number 1-50-6

Date Filed JAN 9 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

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