

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12315**

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> <b>0240</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>R 3 Liberty</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Emmett</u>		c. (Last) <u>Cleaver</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 14-50</u>					
5. SEX <u>Male</u> <b>0</b>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 4-1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>0</u> IF UNDER 24 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>					
13a. FATHER'S NAME <u>Alfred Cleaver</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pryor</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hugh Cleaver St. Louis Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>50</u> , to <u>4/14</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4/14</u> , 19 <u>50</u> , and that death occurred at <u>4:30 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. M. G. Snaden M.D.</u>			23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>4/14/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr.-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4/14/50</u>		REGISTRAR'S SIGNATURE <u>Baroline Dutchenge 62</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church-Orren Co. Liberty Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0241  
0

No. 300

10.48

RECEIVED MAY 1  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5/4/50

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 \_\_\_\_\_  
Student Embalmer

Signed John Lombard  
Licensed Embalmer No. 52448  
P. O. Address Liberty 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.