

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13921

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 2834 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Diamond R#1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Diamond R#1</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Miles North of Diamond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Miles North of Diamond</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Don</u>		b. (Middle) <u>M.</u>	
c. (Last) <u>Cloud</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 19 - 1890</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Marcus H. Cloud</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Janette Cloud</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Janette Cloud R#1-Diamond, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
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>arterio sclerosis</u>		
		DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>
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) m.	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 Apr 7, 1950, to Apr 13, 1950, that I last saw the deceased alive on Apr 13, 1950, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Garrison</u>	(Degree or title)	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>4/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 16-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diamond - Missouri</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>April 13 1950 Mrs. Allie Parnell</u>	REGISTRAR'S SIGNATURE <u>222</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark-Bigham Mort - Neosho, Mo.</u>	

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

730

# RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-93

Date Filed MAY 1 1950  
*rect*

## 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

*Jesse O. Sullivan*

Licensed Embalmer No. 4646

P. O. Address Neesho, 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.