

FILED APR 5 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7377

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stickler Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Zina</u> b. (Middle) <u>a</u> c. (Last) <u>Cleeton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-51</u>		
--	--	--	--	--	--

5. SEX <u>M</u> <u>D</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>10-3-1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Days <u>5</u> Hours <u>12</u> Min.		IF UNDER 24 HRS. Hours <u>1</u> Min.	
-----------------------------	--	------------------------------	--	---	--	--------------------------------------	--	--	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Owasco Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
--	--	--	---	--	--	---	--	--	---	--	--

13a. FATHER'S NAME <u>Alfred Cleeton</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Beck</u>			14. NAME OF HUSBAND OR WIFE <u>Dora Parsons - dead</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 <u>Parsons Cleeton</u>				ADDRESS <u>Kirksville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUE TO (b) <u>Prostatitis</u>						<u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senility</u>						<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerosis</u>						<u>L</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6/1 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 14, 1945 to Mar 15, 1951, that I last saw the deceased alive on Mar 15, 1951, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>RO Stickler MD</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>3-21-51</u>	
---	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
--	--	-----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>3-24-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones</u>		ADDRESS <u>Milan Mo</u>	
--	--	--	--	--	--	----------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0013

APR 2 1951  
Date Received: ~~MAR 2 1951~~  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-64  
Date Filed: APR 2 1951

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. ....

Signed.....  
Student Embalmer

Signed *Dwight Schaefer*

Licensed Embalmer No. *2467*

P. O. Address *Milwaukee - Wis.*

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.