

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32541

State File No. ....

FILED OCT 18 1951

BIRTH NO. ....		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>73</u>			
1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wayne</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Greenbrier, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Greenbrier, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>A. EUBYN</u> c. (Last) <u>CLEAVER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1900</u>			
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>10</u>		11. DAYS <u>10</u>		12. HOURS <u>10</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>George Brannan</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Miner</u>		14. NAME OF HUSBAND OR WIFE <u>Virgil Cleaver</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>800000000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Cleaver, Advance, Mo. Ry.</u>		ADDRESS			
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>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10/10</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Suttonville Mo.</u>		23c. DATE SIGNED <u>10/12/51</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>19/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 12-51</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald S. Morgan</u>		ADDRESS <u>Admission</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1951

RECEIVED

OCT 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Lloyd S. Morgan

Signed.....  
Student Embalmer

Licensed Embalmer No. 3381

P. O. Address Advance, M

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.