

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28755

FILED SEP 10 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 269

44
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>306⁹ N 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>G.</u> c. (Last) <u>Cleveland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25 1952</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>March 1 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 28 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Indiana</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>John Cleveland</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Cleveland</u>		ADDRESS <u>306⁹ N 3rd Hannibal 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
ANTECEDENT CAUSES Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cirrhosis of Liver</u>		<u>6 to 8 yrs</u>	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Edema - Toxicemia</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>5810</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10/10, 1949, to 8/25, 1952, that I last saw the deceased alive on 8/25, 1952, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Dan Buchanan</u>		23b. ADDRESS <u>504 Broadway Hannibal Mo</u>		23c. DATE SIGNED <u>8/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair View Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>FRANK FORD PIKE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Rourke</u>		ADDRESS <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/27/52</u>		REGISTRAR'S SIGNATURE <u>W. C. Foster</u> <u>Deputy</u>		REGISTRAR'S ADDRESS	

RECEIVED SEP 8 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 8 1957

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Marion 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.