V.S. No. 300
Rev. 10-48

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9663

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 5

0470
5

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
c. LENGTH OF STAY (in this place): Tyrs 4 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia 0470
d. STREET ADDRESS (If rural, give location): 1½ mi East on Highway 70

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) M. c. (Last) Cleveland

4. DATE OF DEATH (Month) (Day) (Year): Mch. 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: Oct. 16, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 5, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: her home
11. BIRTHPLACE (State or foreign country): Ste Genevieve County, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S

13a. FATHER'S NAME: William V. Brown
13b. MOTHER'S MAIDEN NAME: Margaret Jennings
14. NAME OF HUSBAND OR WIFE: James Cleveland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jno. H. Burney, Ironton, Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) deficiency
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: 4214
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* March 14, 1953, *that I last saw the deceased alive on* March 11 1953, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Fitzpatrick MD
23b. ADDRESS: Lesterville Mo
23c. DATE SIGNED: 3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Ste Genevieve Mo

DATE REC'D BY LOCAL REG.: 3-28-53
REGISTRAR'S SIGNATURE: Mrs Avis Jones 12 81
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Basler Funeral Home Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

C M Fitzpatrick Leatesville

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 Leo C Basler

Licensed Embalmer No. 1985

P. O. Address Ste Genevieve 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.