

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22132**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5687 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>26 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0580</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Town</u>		d. STREET ADDRESS (If rural, give location) <u>Rfd Town</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE ELMER CLEVELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 - 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Married May-16-1899</u>	8. DATE OF BIRTH <u>May-16-1899</u>		9. AGE (in years) (Months) (Days) (Hours) (Mins.) <u>54</u> - <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Bee Roy Cleveland</u>			
13b. MOTHER'S MAIDEN NAME <u>Laura E. Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Gail Cleveland</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gail Cleveland Brookfield Mo</u>		18. ADDRESS <u>Brookfield Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		<u>15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Glomerulo-acute glomerulo nephritis</u> <u>16 yrs</u> DUE TO (c) <u>scarlet fever</u> <u>20 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignant Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>0509</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Feb 1951, to 6/9, 1953 that I last saw the deceased alive on 6-9, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.S. Simpson 2 R.D.</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>6/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem Brookfield Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-13-53</u>	REGISTRAR'S SIGNATURE <u>Madeline Sambroff</u>	EMERALD DIRECTOR'S SIGNATURE <u>W. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.