

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32357

State File No.

FILED OCT 9 1953

BIRTH NO. ... REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 135

0592

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (In this place) 16 years		d. STREET ADDRESS (If rural, give location) 1416 Alexander Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1416 Alexander Street		1416 Alexander Street	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Mack c. (Last) Cloud			4. DATE OF DEATH (Month) (Day) (Year) October 4, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 26, 1876
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer	11. BIRTHPLACE (State or foreign country) Livingston County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Construction	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Clemmie Ward Cloud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No Record	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. C. Cloud ADDRESS 1416 Alexander Street, Chillicothe, Missouri
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) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Arterial Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 <u>Jan 1, 1953</u> , to <u>Oct. 4, 1953</u> , that I last saw the deceased alive on <u>Oct. 3, 1953</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph A. Conrad M.D.		23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED Oct. 5 '53
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-5-53	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri.
DATE REC'D BY LOCAL REG. Oct 15 1953	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home: Chillicothe, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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 Emmett Everett.....

Licensed Embalmer No. 4748.....

P. O. Address Chillicothe, Missouri.....

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.