

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Rural-Union Twp</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS <u>Rte 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEAVE</u> b. (Middle) <u>THEODORE</u> c. (Last) <u>ALDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1954</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>Mar. 4, 1902</u>
9. AGE (in years last birthday) <u>51</u>		of UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 15 YRS. Hours <u>1</u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charley Alden</u>	
13b. MOTHER'S MAIDEN NAME <u>Ollie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Evanell Alden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evanell Alden, Mt. Vernon, Missouri</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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Asphyxiation</u>			
DUE TO (c) <u>Basal Ganglia Failure</u>			
DUE TO (c) <u>Bacterial Meningitis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Pneumonic Brain Hemorrhage</u>	
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>1-21-1954</u> to <u>1-22-1954</u> ; that I last saw the deceased alive on <u>1-22-1954</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Marshall M.D.</u>		(Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo.</u>
23c. DATE SIGNED <u>1-28-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. Rte 2</u>
DATE REC'D BY LOCAL REG. <u>1/29/54</u>	REGISTRAR'S SIGNATURE <u>G. D. Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 2 1954

BUTLER CO. HEALTH CENTER

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.