

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7598**

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6286		Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If lastly known: residence before death) a. STATE MO b. COUNTY Wright				
b. CITY OR TOWN Wood Township		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Wood Township		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) S. c. (Last) Cleaver			4. DATE OF DEATH (Month) (Day) (Year) Feb 27, 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 22, 1886		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months 10 Days 5	11. UNDER 10 Hrs. Hours 5 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY		
Retired Farmer		Retired Farmer		Texas Co. Mo		U.S.		
13a. FATHER'S NAME John Cleaver			13b. MOTHER'S MAIDEN NAME Josephine Birch		14. NAME OF HUSBAND OR WIFE Ollie Cleaver			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Cleaver 7214 Gray, Mo				
15. No		---						
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostatatus INTERVAL BETWEEN ONSET AND DEATH 1952 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis, Liver, Intestinal Tract 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 177X					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				
21d. _____		21e. _____		21f. _____				
22. I hereby certify that I attended the deceased from 11-53 , 1954, to 2-27- , 1954, that I last saw the deceased alive on 2-27- , 1954, and that death occurred at 8:20 AM , from the causes and on the date stated above.								
23a. SIGNATURE W.D. Connor M.D. (Degree or title)			23b. ADDRESS Mountain View Mo			23c. DATE SIGNED 3/1/54		
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 3-1-54	24c. NAME OF CEMETERY OR CREMATORY Rock Springs		24d. LOCATION (City, town, or county) (State) Ben Laveau Mo			
DATE REC'D BY LOCAL REG. 3-3-54		REGISTRAR'S SIGNATURE A.B. Ames		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter W. Waddle 7214 Gray Mo.				

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

WRIGHT CO. HEALTH DEPT.
County File Number 354-36
Date Filed 3-13-54

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 Frank Grable

Licensed Embalmer No. 4149

P. O. Address 217 1/2 Ave. W.

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.