

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7833**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **286**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) 1601 So. 8th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3225 So. 11th St. Parkview at Sunnyslope | | | |

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|---|----------------------|-------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) GEORGE T. VAN CLEAVE | a. (First) T. | b. (Middle) | c. (Last) VAN CLEAVE | 4. DATE OF DEATH (Month) (Day) (Year) March 7, 1954 |
|---|----------------------|-------------|-----------------------------|--|

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|---|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Feb. 10, 1892 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 0 Days 11 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | | 10b. KIND OF BUSINESS OR INDUSTRY Chef | | 11. BIRTHPLACE (State or foreign country) Avenue City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|---|---|
| 13a. FATHER'S NAME Chas. T. Van Cleave | 13b. MOTHER'S MAIDEN NAME Villa Phillips | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Alberta VanCleave, St. Joseph Mo. | ADDRESS St. Joseph |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 wks. |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage with Partial rt. Hemiplegia | ANTECEDENT CAUSES | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | Chronic Arteriosclerotic Heart Disease | | Ukn. |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331 X | 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) |
| 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 **7-1** 19 **53**, to **3-7**, 19 **54** that I last saw the deceased alive on **3-6**, 19 **54**, and that death occurred at **1:00 A. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. F. Mundy - M.D. | 23b. ADDRESS 2801 Sacramento St. Joseph, Mo. | 23c. DATE SIGNED 3-9-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 10/54 | 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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|--|--|-----|--|-------------------------------|
| DATE REC'D BY LOCAL REG. Mar 16, 1954 | REGISTRAR'S SIGNATURE Cather M. Allison | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE Benny Funeral Home | ADDRESS St. Joseph Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Victor J Barry

Licensed Embalmer No.

H 212

P. O. Address

St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.