

No. 300
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FILED AUG 31 1954

STANDARD CERTIFICATE OF DEATH

29490

60097 State File No.
64-75 Registrar's No. 31

BIRTH NO. _____ REG. DIST. NO. 922 PRIMARY REG. DIST. NO. 64-75

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY OR TOWN <u>RURAL INDEPENDENCE</u>		c. CITY OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>80 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED
(Type or Print) a. (First) CARL b. (Middle) EDWIN c. (Last) CLEETON

4. DATE OF DEATH (Month) (Day) (Year) AUG 22 1954

5. SEX 0 6. COLOR OR RACE MALE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH -23- FEBRUARY 1874 9. AGE (In years last birthday) 80 if UNDER 1 YEAR 8 Months 29 Days 29 Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THORNTON Y. CLEETON 13b. MOTHER'S MAIDEN NAME HANNAH E. DANIELS 14. NAME OF HUSBAND OR WIFE SARAH MARTHA CLEETON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Claud E. Cleeton ADDRESS 4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hour
Year

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from December 11, 1954, to August 22, 1954, that I last saw the deceased alive on August 22, 1954, and that death occurred at 6:32 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Stokes, MD 23b. ADDRESS Lancaster, Missouri 23c. DATE SIGNED August 23, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG. 25, 1954 24c. NAME OF CEMETERY OR CREMATORY Arni Memorial 24d. LOCATION (City, town, or county) (State) Lancaster, Missouri

DATE REC'D BY LOCAL REG. 8, 25, 54 REGISTRAR'S SIGNATURE Boss R. Drake 353-0 25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home ADDRESS Downing

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1956

OCT 26 1956

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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.