

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4693**  
Registrar's No. **657**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>657</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (If in place) <b>35 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4224 Holmes</b>				STREET ADDRESS (If rural, give location) <b>4224 Holmes</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b>		b. (Middle) <b>Brown</b>		c. (Last) <b>Cleveland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 14 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 10 1895</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contracting</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>White County, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Lewis Cleveland</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie May Gaultney</b>		14. NAME OF HUSBAND OR WIFE <b>Pearle Cleveland</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>353-05-4396</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearle Cleveland</b>		ADDRESS <b>4224 Holmes</b>		
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) <b>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Coronary arteriosclerosis</b>	
				DUE TO (c)			DUE TO (c)	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>	
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) (Min.)		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>2-11-55</u> , 19 <u>55</u> , to <u>2-14</u> , 1955, that I last saw the deceased alive on <u>2-12</u> , 1955, and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Wilson H. Miller</b> (Degree or title)				23b. ADDRESS <b>4620 Independence Ave, MC No. 2-1453</b>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 16 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-14-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS, INC. K. C. MO</b>				

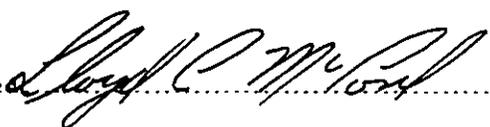
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 48-

P. O. Address N. C. ....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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