

Health, Welfare, Public Service

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 2356

Registration District No. 250 Primary Registration District No. h-967 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>May</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Washland</i> 0830
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i>		Length of stay in lb <i>21 years</i>	d. STREET ADDRESS (If outside, give location) <i>R7D. 1.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Orville Maxwell Van Cleave</i>			4. DATE OF DEATH Month Day Year <i>Jan 3- 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 27-1904</i>
9. AGE (In years last birthday) <i>53</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>	11. BIRTHPLACE (City and state or country) <i>St. Joseph Mo</i>
10a. FATHER'S NAME <i>C.E. Van Cleave</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Production Aircraft</i>	12. CITIZEN OF WHAT COUNTRY? <i>Mo</i>
13. MOTHER'S MAIDEN NAME <i>Jessie Lee</i>		14. NAME OF HUSBAND OR WIFE <i>Gertrude Van Cleave</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>495-05-4208</i>	17. INFORMANT Address <i>Joseph A. Van Cleave RR 1 Box 388-B Parkville Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ASPHYXIATION-CARBON MONOXIDE</i> DUE TO (b) <i>POISONING</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>Approx. 8:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Cloland M. Gaffee Coroner</i>		22b. ADDRESS <i>Platte City, Mo.</i>	22c. DATE SIGNED <i>1-4-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Jan. 6-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Menarch</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>
24. FUNERAL DIRECTOR <i>Cloland M. Francis</i>	ADDRESS <i>Parkville</i>	25. DATE RECD. BY LOCAL REG. <i>Jan 6-58</i>	26. REGISTRAR'S SIGNATURE <i>Thelma Rollins</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmers' Statement on Reverse Side)



FEB 5 1958

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 *Edward H. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.