

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-004038

318 Primary Registration District No. 1003 Registrar's No. 726

STATE FILE NUMBER

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE **MO** b. COUNTY **JEFFERSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b

c. CITY OR TOWN **HILLSBORO** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL** Inside Limits Yes No

d. STREET ADDRESS **P.R. 2** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARIE** Middle **N** Last **KLEAVER**

4. DATE OF DEATH Month **JAN** Day **15** Year **1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **FEB 25 1906** 9. AGE (last birthday) **55**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED DRESSMAKER**

10b. KIND OF BUSINESS OR INDUSTRY **OKLA.**

11. BIRTHPLACE (City and state or country) **U-S-A**

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Amos Anthony Barton** 13b. MOTHER'S MAIDEN NAME **Ada Alice Sykes**

14. NAME OF HUSBAND OR WIFE **RICHARD KLEAVER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **RICHARD KLEAVER R2 HILLSBORO MO.** Address **(aldosterism)**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Primary Aldosterism** INTERVAL BETWEEN ONSET AND DEATH **10 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Left adrenal Cortex Adenoma.** **undet.**

DUE TO (c) **224X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **April 11, 1962** to **1-15-1962** and last saw him alive on **1-15-62**

Death occurred at **12:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **William W. Foley MD** 22b. ADDRESS **3654 S. Gravel** 22c. DATE SIGNED **1-16-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **JAN. 18 1962** 23c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK CEM** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS CO. MO.**

24. FUNERAL DIRECTOR **Thomas Katis 2906 Gravois** ADDRESS

25. DATE RECD. BY LOCAL REG. **JAN 17 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith. M.D.**

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1230-130

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

Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jarrow

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.