

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5874

State File No. ....

FILED MAR 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297-4498 PRIMARY REG. DIST. NO. 6424 Registrar's No. 26

0890

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

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Falk.</u>		c. LENGTH OF STAY (in this place) <u>33</u>	c. CITY OR TOWN <u>Lewis &amp; Lawson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS		If rural, give location	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M</u> c. (Last) <u>CLEVENGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17, 1877</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm. Harrison Cleverger</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Titus</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Winnie F Cleverger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Winnie F Cleverger</u> ADDRESS <u>Libbard Mo</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>  <u>10 yr.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus (Left)</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile Arteriosclerosis - hypotension</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>Lawson Ray Mo.</u>
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 Feb 1, 1957, to Feb 25, 1957, that I last saw the deceased alive on Feb 23, 1957, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Detlef Buehner M.D.</u>	23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>2/26/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 27 '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Co Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 2, 1957</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman-Prichard</u> ADDRESS <u>Lawson Mo</u>
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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 *Lindell J. ...*  
Licensed Embalmer No. *4584*  
P. O. Address *Greensboro Springs, 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.