

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **694**

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3289		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stadstone Gabbatin		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stadstone Mo. 6000		d. STREET ADDRESS (If rural, give location) Rt 4 N.K.C. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 57th + Telephone Rd.							
3. NAME OF DECEASED (Type or Print) a. (First) Kemp b. (Middle) WARD c. (Last) CLEVENGER			4. DATE OF DEATH (Month) (Day) (Year) Jan 29 1953				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15 1873		9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months 8	# UNDER 24 HRS. Days 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Iron Worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kibbard, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Richard Cleveneger			13b. MOTHER'S MAIDEN NAME Nancy Hill		14. NAME OF HUSBAND OR WIFE Elizabeth Cleveneger		
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'S SIGNATURE OR NAME HAROLD Cleveneger - Gladstone ADDRESS				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 10 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200					INTERVAL BETWEEN ONSET AND DEATH Sudden
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)		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 1/19 , 19 53 , to 1/29 , 19 53 , that I last saw the deceased alive on 1/27 , 19 53 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. Bennett (Degree or title)				23b. ADDRESS Prof Bldg Kansas City Mo		23c. DATE SIGNED 1/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-31/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Stadstone, Mo.		
DATE REC'D BY LOCAL REG. 1-31-53		REGISTRAR'S SIGNATURE Beulah Kitchin 63		25. FUNERAL DIRECTOR'S SIGNATURE Newcomer N.K.C. Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

500-3

APR 4 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Glenn J. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.