

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20103**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 163

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington-Rural</u> |  | c. CITY OR TOWN <u>Farmington</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francois Township</u>                                 |  | e. STREET ADDRESS (If rural, give location) <u>H. Highway 0940</u>   |   |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Geo.</u> b. (Middle) <u>A.</u> c. (Last) <u>Cleve</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 13 1954</u> |
|--|--|

|                    |                               |   |                                     |   |  |   |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec 11 1872</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>2</u> | IF UNDER 100 Hrs.<br>Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Louis Cleve</u> | 13b. MOTHER'S MAIDEN NAME <u>Louisa Rickus</u> | 14. NAME OF HUSBAND OR WIFE <u>Theresa Miller Cleve</u> |
|---------------------------------------|--|---|

|   |                                     |  |                               |
|---|-------------------------------------|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Haynes</u> | ADDRESS <u>Farmington Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>30 hrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis with hyaline arteriosclerosis</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>pneumonia</u><br>DUE TO (c) <u></u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | 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) <u>June 12, 1954</u> | 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 1949, 10 to June 13, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Farmington, Mo.</u> | 23c. DATE SIGNED <u>6-14-54</u> |
|--|-------------------------------------|---------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>June 15 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u> | 24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u> |
|---|-------------------------------|--|---|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>June 14, 1954</u> | REGISTRAR'S SIGNATURE <u>Esther Audloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>COZEAN</u> | ADDRESS <u>FARMINGTON, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

940

JUN 21

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..... *A. Cozear*  
Licensed Embalmer No. .... *40*  
P. O. Address *Farm*

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.