

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1949

4041

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>236</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>			
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 Hrs</u>		c. CITY OR TOWN <u>Clarksdale Mo</u>		32 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>Cline</u> c. (Last) <u>Atha</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>27</u> (Year) <u>49</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 14, 1894</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Killing station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Omer Atha</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryn Preble</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Atha Clarksdale</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Atha Clarksdale 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion acute thrombotic</u> ANTECEDENT CAUSES (b) <u>Coronary Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
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) (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 <u>April 19 1946</u> , to <u>2-27 1949</u> ; that I last saw the deceased alive on <u>2-27 1949</u> , and that death occurred at <u>6:20 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Irvin Borcuthal M.D.</u>			23b. ADDRESS <u>St Joseph Mo</u>			23c. DATE SIGNED <u>2-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 28, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 3820		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Brown Mayville, Mo.</u>			

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

MAY 11 1968

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.

Signed John B. [Signature]
Licensed Embalmer No. 3933

Signed _____
Student Embalmer

P. O. Address Weymouth, Mass.

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.