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FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16156**

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4109** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give town) Keytesville		c. CITY (If outside corporate limits, write RURAL and give township) Keytesville	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) City of Keytesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION none City of Keytesville			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Byron	c. (Last) Cline	4. DATE OF DEATH (Month) (Day) (Year) Feb 17, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-13-1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laboring	11. BIRTHPLACE (State or foreign country) Carroll County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jesse Washington Cline	13b. MOTHER'S MAIDEN NAME Anna A Adkins	14. NAME OF HUSBAND OR WIFE Hannah Cline
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Miss LeRoy Barron ADDRESS Mo. Gen Del
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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		INTERVAL BETWEEN ONSET AND DEATH 15IX
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial De-compensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Obstructive Pneumonia DUE TO (c) Carcinoma of Stomach		
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"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **11-13, 1949**, to **2-17, 1950**, that I last saw the deceased alive on **2-17, 1950**, and that death occurred at **4:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter D.O. (Degree or title)	23b. ADDRESS Keytesville, Mo.	23c. DATE SIGNED 2
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Keytesville	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 6-3-50	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5
District Health Officer No. 8,
District File Number _____
Date Filed 6/7/50

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 _____
Student Embalmer

Signed Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Anderson, 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.