No. 300
10-48

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

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 82635

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1187

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2324 So. 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2324 So. 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): CLINE

4. DATE OF DEATH (Month) (Day) (Year): 10 21 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-2-1884
9. AGE (In years last birthday): 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ottumwa, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H. Cline
13b. MOTHER'S MAIDEN NAME: Elizah Stout
14. NAME OF HUSBAND OR WIFE: May Cline (de)

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Welfare Board Records — 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Edema	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac Decompensation	2 weeks
DUE TO (c)	Arteriolosclerotic Heart Disease	3 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	XXXXXXXXX 42	XXXXXXX

19a. DATE OF OPERATION: XXXXXXX
19b. MAJOR FINDINGS OF OPERATION: XXXXXX
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXXXXXXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXXXXXXXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXXXXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXXXX m.
21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ XXXXXXXXXXXX
21f. HOW DID INJURY OCCUR?: XXXXXXXXXXX

22. *I hereby certify that I attended the deceased from* Dec., 11 *19* 49, *to* Oct., 21, *19* 50, *that I last saw the deceased alive on* Oct., 20, *19* 50, *and that death occurred at* 10:00 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Schneider Building, St. Joseph, Missouri
23c. DATE SIGNED: 10-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-23-50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Oct 26, 1950
REGISTRAR'S SIGNATURE: Carl C. Casas
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.