

5. No. 300
EV. 10.48

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32066
Registrar's No. 178-00

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 55877

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Preston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Preston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. South 1 mi. west of		d. STREET ADDRESS (If rural, give location) 1 mi. south 1 mi. west of Jasper	
3. NAME OF DECEASED (Type or Print) a. (First) Jasper, Mo. b. (Middle) Olive Jane c. (Last) Cline		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1871
9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and State or Foreign Country) Preston, Jasper Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Busby		13b. MOTHER'S MAIDEN NAME Rebecca Crow	
14. NAME OF HUSBAND OR WIFE Aaron Monroe Cline		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clarence Cline, Jasper, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia (Paralysis) ANTECEDENT CAUSES Cerebral Hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 331x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-7-1945, to 9-11-1952, that I last saw the deceased alive on 9-11-1952, and that death occurred at 10-P. m., from the causes and on the date stated above.	
23a. SIGNATURE W.H. Knott M.D.		23b. ADDRESS Jasper, Mo.	
23c. DATE SIGNED 9-15-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 14 Sept. 52		24c. NAME OF CEMETERY OR CREMATORY Waters	
24d. LOCATION (City, town, or county) (State) 5 miles NW of Jasper, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Sharp & Selvey	
DATE REC'D BY LOCAL REG. -9-22-52		REGISTRAR'S SIGNATURE L.H. Clinton M.D.	

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

(Licensed Embalmer's Statement on Reverse Side) By Dawson D. Sharp

RECEIVED 10-1-52
Jasper County Health Office

County File Number 52/10/761

Date Filed 10-1-52

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 _____

Lawson L. Sharp

Student Embalmer No. 345-

working under my personal supervision.

Student

Lawson L. Sharp
Student Embalmer

Signed

George W. Newcomb

Licensed Embalmer No.

4671

P. O. Address

Lockwood, 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.