

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4341

State File No. _____

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 535-3 Registrar's No. 19

300

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DALLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charity</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>	c. CITY OR TOWN <u>Charity</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION —		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Babbara</u>		b. (Middle) <u>Cline</u>	c. (Last) <u>Cline</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 55</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 28, 1864</u>	9. AGE (In years last birthday) <u>90</u> <u>12</u> <u>22</u> If UNDER 1 YEAR: Months <u>12</u> Days <u>22</u> If UNDER 24 HRS: Hours <u>—</u> Mins. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Pete Stever</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY YOUNG</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <u>Jan Cline</u> ADDRESS <u>Charity Missouri</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>Terminal Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility & dementia</u> DUE TO (c) <u>Senile dementia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Gall bladder disease</u> 3 Mos OK	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>304X</u>	
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>Feb 19, 1955</u> , to <u>Feb 19, 1955</u> , that I last saw the deceased alive on <u>Feb 19, 1955</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Hammer</u>		23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>2-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DANN Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Charity Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-23-55</u>	REGISTRAR'S SIGNATURE <u>Gran Paterno</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u> ADDRESS <u>Buffalo Mo.</u>	

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..... *Wm. B. Jones*

Licensed Embalmer No. *432*

P. O. Address *Buffalo, N.Y.*

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.