

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15541

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Ingham</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia, Mo.</u>		c. CITY OR TOWN <u>E. Lansing</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hosp.</u>		d. STREET ADDRESS <u>1137 Albert St.</u>	
3. NAME OF DECEASED (Type or print) <u>ARTHUR</u> ^{First} <u>CLINE</u> ^{Last}		4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/21/1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realtor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate salesman</u>	
13. FATHER'S NAME <u>Rufus Cline</u>		14. MOTHER'S MAIDEN NAME <u>Emma Inez Gurley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>367-05-4633</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>		UNKNOWN	
DUE TO (c) <u>HYPERTENSIVE + ARTERIOSCLEROTIC HEART Dis</u>		SEVERAL YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour <u>10</u> Month <u>5</u> Day <u>26</u> Year <u>1956</u> a. m. <u>p.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>4200</u>	
21. I attended the deceased from <u>5-26-1956</u> to <u>5-26-1956</u> and last saw her/him alive on <u>5-26-1956</u>		20f. CITY, TOWN, OR LOCATION <u>Columbia, Mo.</u>	
22a. SIGNATURE <u>W. J. Albert</u> (Degree or title)		22b. ADDRESS <u>2218th Columbia, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23d. LOCATION (City, town, or county) (State) <u>Detroit, Mich.</u>	
23b. DATE <u>5/27/56</u>		23c. NAME OF CEMETERY OR CREMATORY	
24. FUNERAL DIRECTOR <u>Palmer & Sons of Service, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 27 1956</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by *Ray Jones*....., Student Embalmer No. 5
working under my personal supervision..

Student *Ray Jones*
Signature of Student Embalmer

Signed *Paul L. Henry*
Licensed Embalmer No. H

P. O. Address *Cherokee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.