

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16035

STATE FILE NUMBER

FILED JUN 11 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 497-B

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ava</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hosp.</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>034</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>C.</u> Last <u>CLINE</u>			4. DATE OF DEATH Month <u>5</u> Day <u>28</u> Year <u>56</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>2-6-86</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Abeline Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Christian Cline</u>	
14. MOTHER'S MAIDEN NAME <u>Maude Huff</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yrs. give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>573-34-7329</u>		17. INFORMANT <u>John Victor</u> Address <u>Ava Mo.</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>acute myocardial insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>empyema of gallbladder, acute.</u> DUE TO (c) <u>senile arteriosclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> <u>6 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour <u>7:15</u> Month <u>7</u> Day <u>15</u> Year <u>56</u> a. m. <u>A</u> p. m.	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.)	20f. CITY, TOWN, OR LOCATION <u>Springfield, Missouri</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>September 1954</u> to <u>May 28, 1956</u> and last saw ^{her} <u>alive</u> on <u>May 28, 1956</u> Death occurred at <u>7:15 A</u> m on the date stated above; and to the best of my ^{him} knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Harwood G. Hall</u>		22b. ADDRESS <u>1211 South Glenstone Springfield, Missouri</u>	22c. DATE SIGNED <u>May 31, 56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-28-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hollow</u>	23d. LOCATION (City, town, or county) (State) <u>Bryant Missouri</u>
24. FUNERAL DIRECTOR <u>Chickling Funeral H.</u>		ADDRESS <u>Ava Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-4-56</u>
26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

129

Dr. Leonard Hall

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles R. Fish*

Licensed Embalmer No. *4*

P. O. Address *Avon*

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.