

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34531**  
Registrar's No. **220**

**FILED NOV 15 1956**

REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **4247**

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jasper</b>		c. LENGTH OF STAY (In this place) <b>7 years</b>	c. CITY OR TOWN <b>Jasper</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Third St.,</b>		e. STREET ADDRESS (If rural, give location) <b>South Third St., 0490</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Murtie</b> b. (Middle) <b>Day</b> c. (Last) <b>Cline</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 13, 1883</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Polk County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Elihu Lane</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>James Cline</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. James Cline,</b>		ADDRESS <b>Jasper, Mo.</b>	
<b>MEDICAL CERTIFICATION</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES	
		DUE TO (b) <b>Old cerebrovascular injury</b>	
		DUE TO (c) <b>Generalized arteriosclerosis</b>	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic pyelonephritis</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>	
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)			
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 <b>2/25</b> , 19 <b>46</b> , to <b>10/14</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>10/14</b> , 19 <b>56</b> , and that death occurred at <b>4:00 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles F. Sallee M. D.</b>		23b. ADDRESS <b>Carthage, Missouri</b>	
23c. DATE SIGNED <b>10/27/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 18, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Nashville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Barton County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-30-56</b>		REGISTRAR'S SIGNATURE <b>Wm. Clinton</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Selvey</b>		ADDRESS <b>Jasper, Mo.</b>	

RECEIVED  
Jasper County Health Office  
County File Number 52-11-879  
Date Filed NOV 14 1958

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..... *Lauran L. Sharp*

Licensed Embalmer No. 492

P. O. Address *Jasper, W.*

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.