

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009617

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 27

AMENDED FILED APR 12 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Lewis</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Lewis</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Canton</u>	c. CITY OR TOWN	<u>Canton</u>
Length of stay in 1b		Inside Limits	
<u>7 mos.</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
<u>500 Jamison</u>		<u>509 Donaldson</u>	
Inside Limits		Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>Robert</u>	<u>Lee</u>	<u>Cline</u>	<u>March</u>	<u>31</u>	<u>1961</u>
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
<u>Male</u>	<u>White</u>		<u>10-13-1937</u>	<u>23</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>Electrician</u>		<u>Linesman</u>		<u>Weston, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY			<u>U.S.A.</u>		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>James Cline</u>		<u>Hester Blakley</u>		<u>Vera Mae Davis</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 Address	
<u>No</u>				<u>Mrs. Robt.L. Cline, Canton, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
IMMEDIATE CAUSE (a)	<u>Accidentally electrocuted</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)	<u>Working on street lights</u>	
DUE TO (c)	<u>Undetermined energized wires</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT - SUICIDE <input checked="" 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>Accident</u>		<u>Transferring wires on light pole</u>

20c. TIME OF INJURY	Month, Day, Year
<u>2 P.M.</u>	<u>3-31-1961</u>
<u>Inquest held; 4-3-1961</u>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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	COUNTY	STATE
	<u>Street</u>	<u>Canton, Lewis County, Mo.</u>		

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>Carl H. Buckley, Coroner</u>	<u>Canton, Mo.</u>	<u>4-3-'61</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-2-1961</u>	<u>Forest Grove</u>	<u>Canton, Lewis County, Mo.</u>

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Carl H. Buckley, Canton, Mo.</u>	<u>4-4-'61</u>	<u>Mrs. Henry Lloyd</u>

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

VS APR 12 1961

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 Earl H. Buckley

Licensed Embalmer No. 7615

P. O. Address Canton, T.

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.