# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021271
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1406

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002
2 0.361 2
3
4 0
5 0
6
7 1
8 2
9 X
10
11 4-0
12 45-3
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: 5 Hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Co. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Franklin
c. CITY OR TOWN: Pacific, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 0.2 mi West of Pacific — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Harold Middle Vincent Last Cline

4. DATE OF DEATH: Month MAY Day 6, Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-10-1946
9. AGE (last birthday): 16 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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): Richland Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Huerbert V. Cline
13b. MOTHER'S MAIDEN NAME: Ima Frances (Osborne)
14. NAME OF HUSBAND OR WIFE: Not Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bro: Leroy McCoy — Address: Hatfield, Ind.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple traumatic injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car which collided with another motor vehicle
20c. TIME OF INJURY: Hour a.m. 8:00 (CST) Month, Day, Year 5/6/62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY: — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:08 PM (DST) m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Hall Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 5/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-8-1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State): Richfield, Ind.

24. FUNERAL DIRECTOR — ADDRESS: Bell Funeral Home - Pacific, Mo.
25. DATE RECD. BY LOCAL REG.: 5-8-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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,

[redacted]y _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Byron J. Beel

Licensed Embalmer No. 4977

P. O. Address Pacific, Mo.

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.