

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2300 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF HUBBARD H. OWENS MEDICAL CERTIFICATION

**FILED MAY 6 1963**

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 34 YEARS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY JACKSON  
c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2017 LINWOOD BLVD. EMERSON HOTEL Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
EDWARD A CLINE APRIL 14 1963

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Widowed  Never Married  Divorced  8. DATE OF BIRTH 7/29/1907 9. AGE (last birthday) 55  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surgeon and Sprayer 10b. KIND OF BUSINESS OR INDUSTRY TREES 11. BIRTHPLACE (City and state or country) DONIPHAN, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ED CLINE 13b. MOTHER'S MAIDEN NAME DENA BEARLEY 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. — 17. INFORMANT GEORGE CLINE Address 1400 LINWOOD BLVD. KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) epidural hematoma  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —  
DUE TO (c) —  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Posted at Sew Gray  
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.) Transferring from Mass to City

20c. TIME OF INJURY Hour a.m. p.m. Month Day Year 4:56:33 April 17 1963 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.) City Job 20f. CITY, TOWN, OR LOCATION Hann City COUNTY Jackson STATE MO

21. I attended the deceased from 10:52 P. 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) Neph of Owens 22b. ADDRESS 152 Mission Station 22c. DATE SIGNED 4/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE APRIL 17, 1963 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR DR. NEWCOMER'S SONS ADDRESS 1331 SAUSMAN CREEK 25. DATE RECD. BY LOCAL REG. 4-17-63 26. REGISTRAR'S SIGNATURE Ruth Song

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Robert J. Boyer

Licensed Embalmer No. 1892

P. O. Address Overland Park, Ks

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: