MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019552
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 41

FILED JUN 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 6300
2 0300
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4 0
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9 420.1
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12 90-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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

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

3. NAME OF DECEASED (Type or print): First: James — Middle: W — Last: Cline

4. DATE OF DEATH: Month: 6 — Day: 6 — Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-22-1885

9. AGE (last birthday): 77

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): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Pipeline

11. BIRTHPLACE (City and state or country): Dallas Co. Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James P. Cline

13b. MOTHER'S MAIDEN NAME: Barbara Steuer

14. NAME OF HUSBAND OR WIFE: Leona Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT: Leona Cline — Address: Elkland, Mo

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
DUE TO (b): No medical attention
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c): _____

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

MEDICAL CERTIFICATION

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.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

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: L. B. Jones — (Degree or title): Coroner

22b. ADDRESS: Buffalo Mo

22c. DATE SIGNED: 6-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-9-63

23c. NAME OF CEMETERY OR CREMATORY: Thorpe

23d. LOCATION (City, town, or county) (State): Dallas Co. Mo

24. FUNERAL DIRECTOR: Jones-Cantlon — ADDRESS: Buffalo, Mo

25. DATE RECD. BY LOCAL REG.: 6-11-63

26. REGISTRAR'S SIGNATURE: Mrs Vera Peters LR

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1963

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 Jerry L. Carlton

Licensed Embalmer No. 5152

P. O. Address Buffalo, 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.